MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

CERTIFICATE OF DEATH

11	12	51	9	21	
Reg.	Diat	. No	~	20	• •

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giff residence of mother)
County	22. 8 //2 27.
(If outside city or town limits, write RURAL and give nearest towo)	Slate County County
	City or town Berry
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred: //	Street No
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
matilda . allen	or (o) seems seeming remote
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I m midseo	20. DATE DE DEATH Offer 17 19 45 at 6:15 Am
Elangel F molan	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
B.(b) Name of husband or wife.	
	Jn 5 1943, 10 at 17 1949
7. Birth dale of	and that last saw here alive on OF 17
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day	Chini myradly 3 year
6 0min.	
· Pithologo Moutaquey Iva	
Town, county, and state)	Due fo
10. Usual occupation St. S. Mor. Buraco	
	Due fo.
11. Indusfry or business	
12 Name James Carline	Other conditions
12. Name James Carlin	
KI M 4.01 5	(loclude pregnancy within 8 months of death)
15. Birthplace W. Vieguied	Malar Salina of annation
E 15. Birthplace	Major findings of operations.
Cale.	
16, Informant Janus C. Otter	Aotopsy results.
Address Gerrom newlock	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burgo Plant	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Walenston	injured af home, farm, industry, public place (where?)
18. Funeral director St. W. Chamber 6	Means of injury injured of work?
Address Twindale med	What Dy Dr
talla de A	23. SIGNATURE LAW DIGGERAL COMES THE
19. (Date rec's by registrar) 19.48 amanda Wouney Registrar	Addres Hov man It mul missinged

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 146-

CERTIFICATE OF DEATH

10260 Reg. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince Clarge	(For newborn infants give residence of mother)
City or town. (If outside city or kown limits, write RURAL and give nearest town)	State County Todal County
How long in above place of death? If days	City or town O Albertas a (Silesa)
Hospital, institution, or street address where death occurred;	(If outside city or town limits, write RURAL and give nearest town)
Prince Sleage Dasketal	Street No. (If rural, give LOCATION)
How long in hospital or institution? 4 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Daughan Mrs. Latherine	
4. Ser 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I W married	20. DATE OF DEATH O A 21 19 45 at 2:10 A M
8 (2) Name of husband as wife Baughan Mr. Samuel	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
	3-4-45 19 10 10-21 19 43
7. Birth date of deceased (mo., day, yr.) (April 24 1910	and that I last saw h. 2. Zalive on 10-21-45 19
deceased (mo., day, yr.) Upril 24 1910 8. AGE: Years Months Days If less than one day	Immediate cause of death
1910 apr. 24min.	Post failing simonay I he
9. Birthplace Ulizginia	Busto Linear Censeal Parish.
(lown, county, and etate)	The formation of the first of t
10. Usual occupation Sause Wife	Rue to
11. Industry or business	300 (0.00)
12. Name alexander Malay	Dither conditions.
12. Name alexander Malay 13. Birthplace Canada	
14. Maiden oame. Mary Swyn 15. Birthplace (a. p	(Include pregnancy within 3 months of death)
5 91-4h-han //0/	Major findings uf uperations
13. Brempiace of the Manage of his	Dale of op.
16. Informani Dulyun III. Yumuu Cita	Autopsy results
Address 835 & Livingston Rd. Silesa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burnal Paie there Oct 23. 1445 Ml.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Colman manor ma	Injured al home, farm, industry, public place (where?)
18. Funeral director of Sasohie sons	Means of injury Injured at work?
Address Syattarifle my.	0-0 000 20
10/25/ 115/12 0.11	23. SIGNATURE M. D. or other
19. (Date/rec'd by registrar) Registrar	Address Angalland Prof. Bate signed 10-21-45

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OCT 23 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11261243 Reg. Dist. No. 243

1. PLACE OF DEATH: Prince George's.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(miral) Glenn Dale, Maryland		Dale, Maryland	State D. C. County	
(1f outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7. MOS.s.s. 7. days		nits, write RURAL and give nearest town)	THE wile is no make a sec	
Hospitat, Institution, or	street address where d	eath occurred:	City or town (If outside city or town limits, write RURAL and give ness Street No. 16 - E. St. S. E.	rest town)
Glen	n Dale San	atorium	(If rural, give LOCATION)	
How long in hospital or	tnstituilon?7	mos., 7 days	2.(a) If veteran, came war.	3/
3. (a) FULL NAM			3. (b) Social Security	Number
		STER LAWRE	NCE BEAL ?	
4. Sex	5. Cotor or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	5-5-
Male	Colored	Married	20. DATE OF DEATH October 28 19 45	at FM
6.(b) Name of husband	or wife Elai	ne Beal	21. I CERTIFY that death occurred on the date above stated: that I attended decer	
			marcu 2/07 18 45 10 Oct 2	10 457
7. Birth date of deceased (mo., day, y		8 7018	and that I last saw hill alive on Octolean 28	19.45
8. AGE: Years		Baya It less than one day	Immediate cause of death	DURATION
27	6	min.	1110 and a con diekenson	// 244
9. Birthplace Wa	shington,	D. C.	South Assets	11 moz
w. settspiace	(Town, c	ounty, and state)	00810	
10. Usual occupation Chauffeur			Bus to	***************************************
11. Industry or business				***************************************
12. Name. John W. Beal 13. Birthplaco Oxon Hill, Maryland			Other conditions	***************************************
	Oxon Hill	, Maryland		
14. Maiden name 15. Birthplace	Nellie Do	rsey	(lnelude pregnancy within 3 months of death)	
E 15. Birtholace	Washingt	on, D. C.	Major findings of operations	,
	Decedent			
			Autopsy results	statistically.
Address	. 0	0-01 -22 -211-	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burid, eremation,	or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	******************************
Cemetery or crematory Washington			Where did tojury occur?	(State)
Location D. C.			Injured at home, farm, industry, public place (where?)	
18. Funaral director Robert St. Mason			Means of Injury Injured at work?	
Address 2500 Nichola and 88.			0.000.	200
0.4	25 165	Rauland & Postin	23. SIGNATURE AMEL LO FINUCANO	or other
19. (Date rec'd by res	ristrar)	Registrar	Address & lengs Dale May Date signed	
				1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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set a		TE OF DEATH Reg. Diat. No. 242
on carefully. The correctery and legibly.	1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If oylsic city or town limits wright RURSL and give new strown) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
informati of death	3. (a) FULL NAME Mary Book 4. Sex Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
item of i	Few negro widowed 8.(b) Name of husband or wite lake Bouse	MEDICAL CERTIFICATION 2D. DATE DF DEATH
Supply every ease write the	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Days If less than one day 8. AGE: Months Days If less than one day 8. AGE: Months Days If less than one day	and that I last saw in a salive on a salive of the salive of
ADING INK. Physicians: pl	8. Birthplace (Town, county, and state) 10. Usual occupation Town, and the county and state (Town, county, and state)	Total Secondary 3/42
WITH UNFAI	12. Name 24.4. Marie 12. Name	Biher conditions Call Management
PLAINLY, W	Address for History ton 20 BC 17. Busine Bate thereof 98 1945	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following;
WRITE PI	(Buriai, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
PLEASE W	18. Funeral director of the first of Masor Address 250 Hickor's Gre. & & 19. Old 2 3 (Date rec'd by registrar) Registrar	23. SIGNATURE Date Control of M. D. or other Address MacLington 19 Dete signed 0 43/45

regultur verligente granted oby telephane menage today at 25 1845. NOV 14 1945

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933 CERTIFICATE OF DEATH

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Reg.			1	L	3	
Reg.	Dist.	No.	E	1	-	Ł

CERTIFICA	TE OF DEATH Reg. Dist. No. 27	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Ward No. (If outside city or town limits, write RURAL NEAR and give town)	ŕ
Stay in hospital or inst. (yrs., or mos., or days)Stay in this community (yrs., or mos., or days)	Street No	
3. (a) FULL NAME	3. (b) Social Security Numb 579-14-89	
Shale Black (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Of State 5 19 45	
6 (b) Name of husband or wife Deleta Brown	21. I CERTIEN that death occurred on the date above stated; that lattended deceased from the date above stated; the date above stated in the date above stated in the date above stated; that lattended deceased from the date above stated; that lattended deceased from the date above stated; that lattended deceased from the date above stated; the date above stated in the date above stated i	1945
10. Usual occupation 11. Industry or business Machining Helper 12. Name Dichord Brown 13. Birthplace 14. Maiden name Legge 15. Birthplace 16. Informant Deleter Brown	Of operations P the dea cha	PHYSICIAN lease under cause to wh th should be rged statisti
Address Address	Of autopsy	

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OCT 17 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7700 CERTIFICATE OF DEATH

10264

100			
16.	Reg.	Dist.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Much Garage	10.4-4 000
City or town	State Manager County
How long in above place of death?	(If outside city or town miles, write RURAL and give nearest town)
hospital, institution, or street address where death occurred:	22212th 12-11 F
Suitland Road,	Street No
How long In hospilal or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
grace Virginia!	Justong
Sex 5. Color of race 6.(a) Single, marrie, widowed, or divorced	MEDICAL CERTIFICATION
female White married	20. DATE OF DEATH act 21 1945 at 630/
00 · B 1	
i.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	frs
deceased (mo., day, yr.)	and that I last saw halive on
B. AGE: Years Months Days It less than one day	Immediate cause of death
29 3 14mi	A service and a
10 4 1100	
3. Birthplace (Town, county and state)	Due to grant on grant or
Board John almi	Jake Jake
10. Usual occupation	Due to I du atens quase galand
11. industry or business	
12. Name Harald a Steenmeier 13. Birthplace D. C.	Other conditions
13. Birthplace D. C.	
14. Malden name May a. governslein 15. Birthplace Baltinn was	(Include pregnancy within 3 months of death)
14. malgen name	Major findings of operations
15. Birthplace dalling	Date of op.
6. Informant love man Campbell	Autopsy results.
Address 1+2 - 3 MAT n.E.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12/1/20145	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide Date of O - 2
Cemetery or grematory Children Constitution Company Company Children Company C	Where did injury occur? (City or town) (County) (State)
11 function of a	Injured at home, farm, industry, public place (where? Authors Roos
Location	Both at and a land the strip to the mash of the
18. Funeral director	100 h
Address 577 11/1 11/6 -	my meascal from
La La La Company Company	23. SIGNATURE M. D. or other
(Date rec'd by recistrar)	Address Deres Little Maje signed 0-71-4

NOV 2 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

1()2	6.5		
Par Diet N	10 d	24	3

1. PLACE OF DEATH: County Prince George 's	2. USUAL RESIDENCE (HOME) OF DECEASED: (Nor newborn infants give residence of mother)
City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County
How long in above place of death? 3 months, 3 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred: Glenn Dale Sanatorium	Street No. 518 - 4th St. S. W.
Glenn Dale Sanatorium	Streel No. (If rural, give LOCATION)
How tong in hospital or loslifulion?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE. BUTLE	P
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married (separat	(ed) 20. DATE OF BEATH October 2 red 1945 at 6 Am
6.(b) Name of husband or wife. Clara Butler	21. I CESTIFY that death occurred on the date above stated; that A attended deceased from
	WILLIAM O OTE 1/E DOTTONE 1/E
7. Birth date of Tallan 200 3 2000	Jears 10
7. Birth date of deceased (mo., day, yr.) July 29, 1907	and that I last saw h
	Impediate cause of death
8. AGE: Years Mooths Days If less than one day	() Ence
38 2 3hrs.	. mto. 1100
Dishmand Winsinds	
8. Birthplace	Due to
	V
10. Usual occupation. Painter	Buo de
11. Indostry or bosiness	906 10
E 12 Name George Butler	Other cooditions
₹ 13. Birthplace St. Louis, Mo.	
14 Malden name Lillian Coates	(Include pregnancy within 8 months of death)
	Major findings of operations
15. Birthptace Richmond, Virginia	
Deserved	
16. Informant Decedent	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Demonal ax 319	V 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
(Butter, Clemation, of Lemoval, Waster) (month) (day) (year	
Cemetery or crematory	Where did injury occur?
() (askington). C.	Injured at home, tarm, industry, public place (where?)
LOCATION	
18. Funeral director It turn I the truly	Means of injury Injured all work?
Address 1901-3-0. 5.7	V. David Par Pingo ma
Oak 2 UER Pand (DO!	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Regi	strar Address & Lenn Dale Ma Ma Bate signed 10/2/45

CERTIFICATE OF DEATHER

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NOV 6 1945

BUPEAUT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-1

CERTIFICATE OF DEATH

OZAKATI 1011.	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Lewis Carter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of bushand or wife Mary W. Cartler 7. Birth date of deceased (mo., day, yr.) Nov. 9 1882	
8. AGE: Years Moeths Days If less than one dayhrs	Immediate cause of death Duration Out
8. 8irthplace. (Town, founty, and state) 10. Usual occupation. Relative Martine economic	Due to.
11. Industry or business	Due to
12. Name O emuel T Carley 13. Birthptace	Dither conditions
14. Malden name Mary U 1 Kouls 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant Mary SV. Carter	Autopsy results
17. (Buriai, cremation, or removal Which?) Data thereof (month) (Ax) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory The Market Mark	Where did injury occur?
18. Funeral director Al Manueles So	Means of injury injured at work?
19. 10/19 19.45 amanda Deuney	23. SIGNATURE M. D. or other/

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OCT 22 1945 BURKAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(830)



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truck Legge 2-	(For newborn infants give residence of mother)
(If outside city or town limits, write RUKAL and give hearest town)	State County State County
How long in above place of death? 2.5 Gear	(If ourside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	100 1 EV 1 - (1) - 17/ FH 40 V
1306-5/ ave Capital Heights rug.	Street No. 3. 10 - 11 Fural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ida Way Margaret Cost	le noue
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Fem w married	2B. DATE OF DEATH. Oct 14 1945 at 1A M
00 00 01	
6.(b) Name of husband or wife authority	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 62 years	C C 1 18.15, 10 C 118.75
7. Birth date of S.(c) It alive, give age years	and that I last saw h. Wallye on O. C. J
deceased (mo., day, yr.) (sug. 26 / 65	Immediate cause of death
8. AGE: Years Months Days It less than one day	
8 / min.	A second
	Jaraly Street Con State of the
9. 8 rtholace alexandra Va	Due to General arthrest
9. Sirinplace	s follows
10. Usual occupation Tousewife	The state of the s
a d	Due to.
11. Industry or business at home	
12. Name Unisuova	Other conditions
13. Birthplace - Zuelknown	Auto California
M Surinplace	(Include pregnancy within 3 months of death)
E 14. Malden name. A Company of the	Material P. P I among the second
15. Birthplace Wilder	Major findings of operations.
O O O O O	Date of op
16. Intermant Colorard & Cast	Autopsy results.
Address 1306 - 574 Ove Capilal Heighle 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 100 6 - 0 1 con (again recigios)	22. VIOLENCE: It death was due to external causes, till in the following;
17 Occupal Date thereof 10-16-48	
(Burial, cremution, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Prospect Auce	Where did injury occur?
Location wash. oc	Injured at home, tarm, Industry, public place (where?)
1-61-600	
18. Funeral director W. M. Chambers Co.	Means of Injury tnjured at work?
Address 5/7 //2 27 00.5-	- 200-1-14- The
ad 1 1 for a P	23. SIGNATURE M. D. or other
19. UCT 13 40 News 4. Conner	the state of the s
(Date rec'd by registrar) Registrar	Address Il a Shand flow 19 to Date signed Ct 19 1993

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

Villa.	10268
4	Reg. Dist. No. 242.

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Timel Garages	(For newboru infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? One well	City or town(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Clefense Nighway
with the same of t	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME osophing agrees "Cha	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE DF DEATH. 0 19 45 21 6 25 Am
6,6) Name of husband or wife Lester & Chalfout	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If Jess than one day	Immediate cause of death
62 9 Z	acute Congestive Real
5 1 1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carlo
9. Birthplace (Town, county, and atate)	Due H. Charles Co.
10. Usual occupation Assistant	
11. Industry or business Arm Home	Due to
12. Name Concluis longhu	Diher conditions
12. Name Concelling Noneghue 13. Birthplace Seland	
# 14. Maiden name and watson	(luciude pregnancy within 8 months of death)
5 15. Birthplace Ireland	Major lindings of operations.
P	
16. Informant	Autopsy results
Address Jouhan had	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Clawron nebraska	Where did injury occur?
Location Chadron Netraska	Injured at home, farm, industry, public place (where?)
File d'a sons.	Means of Injury Injured at work?
18. Funeral director	Alpuly medical Hamis
Address	23. SIGNATURE and S Jana
19. 10/19 (Dyse to aby registrar) 45 manda Donney	M. D. My other
(Date 16 dby registrar) 45 Mrs & Beauthegiltrar	Address Date signed Date signed Date signed

NOV 14 1945

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MAKIL	AND	SIAIL	DEPARIMENT	UE	HEAL.

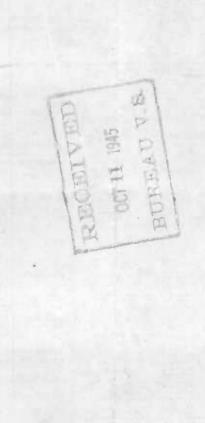
2411 N. Charles St., Baltimore

(126)

CERTIFICATE OF DEATH

10269 Reg. Dist. No. 245

1. PLACE OF DEATH: County / ince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md . County Vrince George
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If obtaide city or town fimits, write RURAL end give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Leland Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME James a. Clampet	3. (b) Social Security Number
4. Sex 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White	20. DATE DE DEATH Oct. 8 19 45 at 6:35 PM
6.(b) Name of husband or wife It ares bane Clause	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O Children Ma	19 to
7. Birth dale of deceased (mo., day, yr.) Acres 15, 1872.	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of doub
73 44 7 23hrsmin.	asperation
9. Birthplace County 90. Care (Town, county, and state)	Due to Personal Siple Mes aug. 7-45
10. Usual occupation.	Due to
11. Industry or business Geweler	
12. Name Courty n. C.	Other conditions & habitations
KI O.O.	a Clinclude premarce within 3 menths of death)
14. Maiden name Powar Cunty 7.0	Major findings of operations.
1 0000	Date of op.
Address Star Route Boy 10 Laurel.	Autopsy results
Idean 1 10 100 med.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location/ Slav Coplay !! Cel	injured at home, farm, industry, public place (where?)
18. Funeral director Substitute Con	Means of injury Injured at work?
Address (Ruce delle med	Mennan I. Slate
Coch 9 10 - Cours Sovers	23. SIGNATURE M. D. or other
(Data reg'd Ny registrar)	Address Data signed



UNFADING INK. Supply every item of information carefully. The

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-2)

CERTIFICATE OF DEATH

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4	-	

Reg. Dist. No. 232

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Prince Road City or town (If outside city of town limits, write RURAL and give nearest town) Street No (If rurni, give LOCATION) 2.(a) II veteran, name war		
3. (a) FULL NAME William Thomas Davis 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION		
Male Negro S 6.(b) Name of husband or wife	20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.)	and that I last saw harman alive on O 7 / 9 y > 19 Immediate cause al death DURATION		
8. AGE: Years Months V Bays It less than one day 5	Cholera infantium 4 days		
10. Usual occupation	Due to.		
12. Name. C. HARLES DAVIS 13. Birthplace anne annel Co, Neangland	Other conditions		
14. Maiden name IDA MARGARET JACKSON 15. Birthplace Upper Marlhoro, Ned.	Major findings af operations		
Address lepter Marlhow, Maryland	Autopsy results		
(Burial, cremation, or removal, Which?) Cemetery or crematory. Data thereot (month) (day) (year)	Accident, suicide, or homicide		
Location MALE TO A STATE OF THE	Injured at home, larm, Industry, public place (where?)		
19. (Date ree'd by registrar) Address 7 My 19. (Date ree'd by registrar)	23. SIGNATURE Rundy Daves M. D. or other Address Upper Maullion Mid Bate signed Oct 10, 194		

Castledans of glatter MORIVED FOCT 12 1945 RUBEAU V.S.

M	A	RY	LAND	STATE	DEPARTMENT	OF	HEAL!	TH

2411

N.	Charles	St.,	Baltimore	18
N.	Charles	St.,	Baltimore	18

10271 No. 245

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County to me Teat of the County	State D.C. County
Olty or town. C. J. C. T. A. L. C. T. C. T. C.) ·)
How tong to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Bospital, Institution, or street address where death occurred:	Street No 206 Brooks (d, S. C.
Eugene beland Memorial Hospi	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Henry Edwin Dennis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Cle John 12 19 45, at 12 42m
6.(6) Name of husband or wife Mary a. Dennison	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	OCT // 19.45, to OCT /2 18 (/5
7. Birth date of	and that I last saw h. Ann. alive on OCT 2 19.45.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
76 6 8min.	Dr. II de la fille fill fill fill fill fill fill fil
9. Birthplace Trive e Georges Co Mary Land (Town, county, and state)	Due to
10. Usual occupation redired	Due to
11. Industry or business Curper ter	- A - A - A - A - A - A - A - A - A - A
12. Name James Dennison	Other conditions of Man Agricultural Joycom
El 13. Birthplace Mar Man a	(Inclode pregnancy within 3 months of death)
14. Malden name Larrie Durgess 15. Birthplace Waryland	Major findings of operations
2 15. Birthplace Maryland	Date of op.
16. Informand daughter Mre May Schertt	Autopsy results
Address 1921-17 destrect S.E. Washington D	PHYSICIAN: Please underline the caose to which death should be charged statistically.
10-1-10-10-10-10-10-10-10-10-10-10-10-10	22. VIOLENCE: tf death was due to externat causes, filt in the following:
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 5 17-113 5 5 5	Where did injury occur?
Tank Tank	tnjured at home, farm, industry, public place (where?)
Location	Meens of tnjury injured at work?
18. Funerat director M. M. Chambus Co.	0 10 20 0
Address 5/7-//st- V. E.	23. SIGNATURE - W. Malen M. D.
19 Vot 12" 1945 m2 as Severe	Bush dale mid M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date s

RECEIVED

OCT 15 1915

BUREAU V.S.

important.

WRITE PLAINLY, is especially

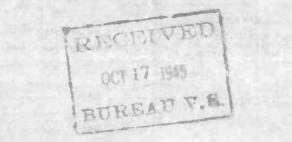
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Prince Georges (For newborn infants give residence of mother) County Prince Georges State Maryland (If outside city or town limits, write RURAL and give nearest town) Hyattsville
(If outside city or town limits, write RURAL and give nearest town) How teng in above place of death? 16 hrs. Hospital, Institution, or street address where death occurred: Sireet No. 6213 - 42nd Avenue Eugene Leland Memorial Hospita. (If rural, givo LOCATION) How long in hespitat er institution? 16 hrs. 2.(a) if veteran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number Infant Girl 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION single female white 20. DATE DE DEATH October 14. 10:30 A. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 6.(6) Name of husband or wife..... ...6.(c) tf alive, give age 7. Birth date of deceased (mo., day, yr.) October 13. DURATION 8. AGE: Days If tess than one day Riverdale, Maryland (Town, county, and state) 10. Usuat occupation. 11. Industry or business E 12. Name Donald Ralph Dixon
13. Sirthplace Hyattsville, Maryland 14. Maiden name Katherine Edith 15. Birthplace Washington, D. C. (Include pregnancy within 3 months of deuth) 14 Maiden name Katherine Edith Brown 18 Informant Hospital records as given PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address mother. 22. VIOLENCE: If death was due to external causes, fill in the fellowing: Date fhereef. Where did injury eccur? (City or town) (County) Injured at home, farm, industry, public place (where?) Means of Injury injured at work?



The

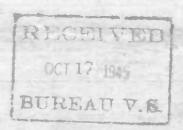
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

7.	1	2	Jul,	
-	2.1	6	6	3

CERTIFICAT	TE OF DEATH Reg. Diat. No. 243	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Large Home City or town	
3. (a) FULL NAME Bushama Rose Maa Dursey	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce? Lungle 6 (b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 19 10 3 hrs. min.	and that last saw here alive on Sept: 22 19 45. Immediate cause of death Cardian Dislatation I have	
9. Birthplace	Due to Bronshish asthra 10 yrs.	
12. Name John Colley Dyrey 13. Birthplace Bosice Md. 14. Malden name Clara Virginia Pattor 15. Birthplace Bosice Md.	Other conditions (Include pregnancy within 8 months of death) Major findings: Of operations PHYSICIAN Please underline the cause to which death should be	
Address 17. Butter 17 48 18. (Burlal, cremation, or removal, Which?) Cemetery or crematory Pleasant Service Location 20. 12. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Df autopsy charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	
18. Funeral director Martin Flandscorp Senson 19. Det: 15. Usso-Ja Way Jung Rightstrar 19. (Date rec'd by registrar)	23. SIGNATURE Temy & John M. D. or other Address Brine My. Date signed 10-14-45	



The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)



CERTIFICA	Reg. Diat. No	71 00
1. PLACE OF DEATH: George 10	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(If outside city or town Whits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town head word Park Md. Wa	rd No town)
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
Stay in this community (yrs., or mos., or days)	_ 2(a) IF VETERAN, NAME WAR	
Fannie Moudas	3. (b) Social Security I	Number
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced to blowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19 44	5 at VPM
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended decea	sed from19 4.5.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. La alive on ACT. How	19. 5.
8. AGE: Years Months Days If less than one dayhrsm	Immediate cause of death Miller Mexicolis	DURATION
9. Birthplace (Town, county, and state)	Due to Rheumalic Ferer	
10. Usual occupation Provide State S	Due to	
12. Namelinkerown	Dther conditions	
14. Maiden name linkrown	(Include pregnancy within 3 months of death) - Major findings:	PHYSICIAN
15. Birthplace unknown	Df operations	Please underlin the cause to white death should be
16. Informant Natya States	Df autopsy 220	charged statisti- cally.
Address 24 21 17. Bureaux Date thereof Oct. 20, 194 (Worla), cremation, or removal, Which?	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of Date of	
Cemetery or crematory for the August	Where did injury occur? (City or town) (County)	(State)
Location Watchergalon, N. C.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	Wig
19. Q d' 19 1945 Irene a come,	23. SIGNATURE	or other
(Date rec'd by registrar) Registrar	Address SODS WELL JAM. 11- Date signed	10-16-43

RECETVED)
OCT 22 1945
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

CERTIFICATE OF DEATH

A.,			27	112	
Reg.	Dist.	No.	~	40	

11.275

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(rural) Glenn Dale, Maryland	State D. C. County	
(If outside city or town limits, write RURAL and give nearest town)	11 Washanaton	
How long in above place of death? 1 mo. 13 days Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)	
Glenn Dale Sanatorium	Street No. 2 Naylor Ct. N. W.	
Hew long In hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) tf veteran, name war	
EDWARD EAST	3. (b) Social Security Number	
	7,7,24,000	
	MEDICAL CERTIFICATION	
Male Colored Single	20. DATE OF DEATH. QCT. 17 19.45. at 4.55 P. M	
S.(b) Kame of husband or wife	21. I CERTIFY that death occorred on the date above stated; that I attended deceased from	
	Sept. 4 1945 to Oct 17 1945	
7. Birth dale of Sont ambox 30 / 3032	and that I last saw h 1 mailye on Oct 17 1945	
deceased (mo., day, yr.) September 10, 1912 8 AGE: Years Mosths Days It less than one day	Immediate cause of death	
of river.	Prelimonary Luberculory 14 mo	
33 1 7		
B. Birthplace Greenville, S. Carolina (Town, county, and state)	Due to	
10. Ususi occupellon Pantryman in Club House		
	Oue to	
11. Industry or business 日 12. Name		
Cauth Complian	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Lizzie Slapp 15. Birtholace South Carolina	Major findings of operations.	
15. Birthplace South Carolina	Qale of op.	
16. Informant Decedent	Autopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: II dealh was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?) Bale thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did lojery occur?	
Goodles Washington D.C.	Injured at home, tarm, Industry, public place (where?)	
	Reads of Injury injured at work?	
18. Funeral director THEEFEH FUNERFIL HUME		
Address 306 L ST N.W. (Bet. Jackar)	23. SIGNATURE &) aniel Leo + inucare m.D.	
. Oct. 17. 115 Rowland & Philip	M. D. or other	
(Date rec'd by registrar)	Address That Lake In a Date signed 0 117/45	

REPORT OF TAXABLE DEPOSITION OF TAXABLE

THE RESIDENCE THE PROPERTY OF THE PARTY OF T

NOV 6 1945

CARREONINE RECORD

RUREAUVEL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	Stafe D.C. County
City or tewn Glenn Dale, Maryland - RURAL (11 outside city or town limits, write RURAL and give nearest town)	Gity or town Washington, D.C.
How long to above place of death? 30 days	City or town Washington, D.C. (If outside city or town limits, write RURAL end give nearest town) 785- Fairmount St., N.W.
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	
New long in hospital or institution? 30 days	(If rural, give LOCATION)
	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
1 OHWA FAUST	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored marked	20. DATE OF BEATH October 10 te 19 45 at 1 9 M
8.(b) Name of husband or wife. Amanda Faust	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Seps 10th 18.45, 10 Oct 102 18.45
7. Birth date of	and that I last saw h save allive on Oct 15 the 18 45
deceased (mo., day, yr.) April 4, 1871	Immediate cause of death DURATION
8. AGE: Years Months Days It leas than one day	
74 6 6hrsmla.	Illmonary dules reloses 4 mos
e. Sirthelece Yazoo City, Mississippi	Due to.
(Town, county, and state)	
16. Usual occupation Retired tailor	Due fo.
††. Industry or business	
12 Name Clarence Faust	Other conditions
E 12. Name Clarence Faust 12. Name ? Mississippi	
2	(include pregnancy within 8 months of death)
t4. Maiden name? 15. Birtholace Raleigh, N. Carolina	Major findings of operations.
	Dafe of op
16. taformant Mrs. Katherine Taylor, daughter	Antopsy results.
Address same add	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Genoval Bate thereof 10-10-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buris, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Change Company C	Where did injury occur?
Kerthard mother Will	Injured of home, farm, industry, public place (where?)
Managa Haga in Pin	Means of Injury Injured at work?
18. Funeral director	0.00
Address 3 7 - 04. J. W. M. M. W.	23. SIGNATURE & Sance 1 500 Finiscence MD
1. Oct. 10 . 45 Rowland & Philips	M. D. or other
(Date rec'd by registrar) Registrar	Address Delegran Dale Mal Date signed oct 10, 45

MARYLAND STATE DESCRIPTION OF BEALTH

CERTEICATE DE DEATH

P. REST COURSED DESCRIPTION OF A STATE OF THE STATE OF TH	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(949)

CERTIFICATE OF DEATH

1027733 Reg. Dist. No. 231

1. PLACE OF DEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants of residence of mother)
City or town Theretica This	State Monte County franco TRONS
(If outside city or lown limits, write RURAL and live nearest town)	City or lown Penerdale
How long in above place of death? Hos M, Institution, or styles address where death openred:	(If outside city or town limits, write RURAL and give nearest town)
Free Les & Lorental	(If rural, give LOCATION)
How long in hospital or institution? 4 days 5 km 10 m	2.(a) If veteran, name war
2 (a) FILL NAME	0 (I) C (1) C (1) W 1
MARX	772 hugh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION , , , , , , , , , , , , , , , , , , ,
Server W Marrier	20. DATE OF DEATH CELL 4 19 45, at 8 4 P. M.
8.(b) Name of husband or wife day of 7. Fitzhush	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	October 10, 1945 10 October 14,1945
7. Birth date of	and that I last saw h. a. alive on October 15 Th, 1845
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Acute myocardial Infarction 6 days.
hrsmin.	E Coronary thrombosis
9. Birthplace	Due to generalized arteriosclerosis Ser months.
10. Usual occupation.	
	Due lo
11. Industry or business	As thomatic Bonnichitis Sev. months.
13. Birthplace	Other conditions
14. Malden name MARGARET 1HOMPSON 15. Birthplace	(Include pregnancy within 3 months of death) Major fiadings of operations
15. Birtholace DC	Date of op.
	Actorsy results.
16. Informant	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address You 11/1000	22. VIOLENCE: If death was due to external causes, till in the following:
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 475 H. st n-w	Where did injury occur?
Swashington VIC	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
1B. Funeral director	meens of month
Address 4-75- N. S. 2 W	(mind to the contraction)
10/16 115 0 1 100	23. SIGNATURE M. D. or other
19	Address The training The Bate signed 10/14/45



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

10278 Reg. Diat. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State many and county the Dev
City or town	Blukensture Ind.
How long in above place of death?	(If outside city or town limits, write RURAL and give dearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, givé LOCATION) 2.(4) If veteran, name war
3.(a) FULL NAME	7,
Carrie Estella	Talloway 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemile Court	20, DATE OF DEATH, A CT 2 6 19 45 at 7.404 M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6 to Matter also are	Street 25 19 45 19 45
7. Birth date of	and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
(29hrsmin.	Carloral hamovage 10-25-45
13 adenstone ma	Que to Thyperterse 1-24 ye
9. Birthplace (Town, connty, and state)	000 1000
10. Usual occupation.	Due to
11. Industry or business	
12. Name Salloway 13. Birthplace many and	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Rashefal Harris 15. Birthplace mary Carrel	Major findings of operations.
15. Birthplace mary land	Date of op.
16. Informant Irma Swalling	Autopsy results
Address 1042 Pickford RNE	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Burial Oate thereof Oct 29/ 9944	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory methodist cometery	Where did injury occur?
Location Stadensburg Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Z-Gasels 2003	Meens of injury injured at work?
Address Nyallerifle my	Meddle dan MD.
10/29 45 Amanda Dounes	23. SIGNATURE M. D. or other
(Date see'd by registrar) Registrar	Address 5.0 9 Mode Island Date signed 10 - 26-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

1027; Reg. Diat. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborp infants give residence of mother)		
	State Martinet / Colesondie		
City or town (If outside city or town limits, write RURAL and give nearest town)	hash to		
How long in above place of death? Hospital Institution, or street address where death occurred:	(If cutside city or cown limits, write RURAL and give nearest town)		
Bearn Dame Road	Street No. 1. Q. 1. 3 - 2 nd Street (If raral, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number	r	
Heren may graff			
4. Sex 5. Color or race 6.(a) Single, married, Idowed, ordivorced V	MEDICAL CERTIFICATION		
Female Calved Single	20. DATE OF DEATH. Qct 25 1945 at 4	1:05A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		.19	
7. Birth date of deceased (mo., day, yt.) March 23 1926	and that I last saw halive op	.19	
8. AGE: Years Months Days If less than one day		URATION	
19 7 2hrsmin.	Herron		
9. Birtholece Washer ton DE	Due to Crushed Chest	10000000000000000000000	
(Town, county, and state)			
1D. Usuat occupation. Company of the state o	Due to		
11. Industry or business			
12. Name Charles & Griffen 13. Birthplace Manual Charles	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name one folion Titzgerole! 15. Birthplace Manufacture of the state of	Majur findings of operations		
₹ 15. Birthplace		••••	
16. Informant Charles & Oriffin	Autopsy results	***************************************	
Address 9, 4- 3rd At no Washell Dic	PHYStCIAN: Please underline the cause to which death should be charged statistica	lly.	
17 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide (Lagrandian Bate of 10-15-	UF	
stewast termens to me!	70000 da P-C. la		
Cemetery or crematory	(City or town) (County) (Staye)		
Location	Injured at home, farm, Industry, public place (where) Representation of the Means of Injury as a contract of the contract of t		
18. Funeral director Laschs Sons		4.41	
Address Alfallarille Ind	Mepuly medical Exam		
10/25 1045 amanda Danne	23. SIGNATURE M. D. of Steer		
(Date rec'd by registrar)	Address tings linkle keep note signed 10-2	1-41	

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A CONTRACT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

CERTIFICATE OF DEATH

1(1281) Reg. Dist. No. 245

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or lown (It/ootside city or town limits, write RURAL and give nearest rown) Street No. 6. 9044 (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dirorced S. Color or race 6.(a) Single, married, widowed, or dir	MEDICAL CERTIFICATION 20. DATE OF DEATH October 24 1945, s16:30 P m 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1834, to 0 cy. 24 1945
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h & alive on Oar 2 4. 13.45 Immediate cause of death Trypostortie pronomaia 6 days.
8. Birthplace Thurstell Y and state) 10. Usual occupation Advance to the country and state the country and st	Bue to Chronic nephritis about 2-yes. Due to arterio Soleroses 3 years.
11. lodustry or bosiness 12. Name Shu Russell Pravio 13. Birthplace Va.	Other conditions Chole capatilis 4400 (Include pregnancy within 3 months of death)
14. Maiden nome ancy Matilda Classes on Va	Major findings of operations. Date of og.
Address 904 Dakkidge, Hyattsulle, Jud. 11. By translation, or removal. Which?) Date thereof. (paooth) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cometery or crematory Blow M. E. Christin Location Onegan, Diffa	Where did injury occur?
18. Funeral director 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	23. SIGNA JARMENT T. Sappin plon 4. 17. Adures 3 - 16 Washington Plate signed 10124/45.

RECEIVED OCT 27 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

11	1281
Reg. Diat.	No. 243

	and the same of th	
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Glenn Dale, Maryland - RURAL (If outside city or town limits, write RURAL and give nearest town)	State	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 months - 5 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Street No. 3459 Holmead Pl., N.W.	
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	(If rural, give LOCATION)	
How long in hospital or institution? 9 months, 5 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
BEAMAN, PERRIN	HARRIS 237-16-2172	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single	20. DATE DE DEATH OCTO Cos 200 19 45 21 /2 7 M	
B.(b) Name of husband or wite	21. I CEBTJFY that death occurred on the date above stated; that Lattended deceased from	
	Jany 16the 1945, 10 Det 2/01 1945.	
7. Birth date of	and that I last saw by Lice alive on Oct 2/2 11.45	
deceased (mo., day, yr.) September 18, 1904	Immediate canse nf death	
8. AGE: Years Mooths Days If less than one day	(A)	
41 1 3 hrsmin.	Vellnewary delegreelen 23 min	
8. Birthplace	Due to	
1D. Usual occupation bookkeeper		
	Due to	
11. Industry or business —		
Oliver B. Harris	Dther conditions	
13. Birthplace Henderson, N. Carolina	(Include pregnancy within 3 months of death)	
불 14. Maiden name Belle Gulley	Major findings of aperations.	
14. Maiden name Dellie Gulley 15. Sirthplace Raleigh, N. Carolina	Major Radiags at aperations. Date of op.	
	Autopsy results.	
16. Informant deceden t	PHYSICIAN: Please underline the cause ta which death should be charged statistically.	
Address O-1	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof. (Day) (month) (day) (year)	Saccident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Complety or examplery	Where did injury occur?	
Location Location	tnjured at home, farm, industry, public place (where?)	
18. Funeral director, Marken 7. Alysing &	Means of Injury Injured at work?	
12. 30.1× 100 2. 0 00C	0.000.	
Address / 200 Man M. M. Wast, W.	23. SIGNATURE Lance Geo. + Much M. D. or other	
19. Oct 1 19. 45 Towland & Philips	Address & lens Dale Mal Date stand 10/21/45	

MANUAL STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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NOV 6 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County 1 March 1910	State Virginia County
City or town (If outside city or town limits, write RURAL and give nearest town)	(12 - a + a)
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 155 Colons
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME arthur Thomas H	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, ordivorced	MEDICAL CERTIFICATION
mole white married	20. DATE OF DEATH. Oct 2/ 1945 at 6 30 Am
me les de Hartin	CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	10 10
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Hengeloge and
33min.	shoel
9. Birthplace new Jersey.	Due to Crushed chest
(Town, o'dnty, and state)	Corepored fraction loft log.
1B. Usual occupation.	Due to Taxinator Of Rechs
11. Industry or business	-
12. Name Toward Adittion	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Trance Me farlave 15. Birthplace Plannelland	Major findings of operations.
\$ 15. Birthplace Pennsylvan	Date of op.
16 Informani albert In Steinmaier	Antopsy results.
Address 123 Plees Creek Blod Portamont	PAYSICIAN: Please underline the cause to which death should be charged statistically.
t. 1-1-1-1 1-1 2 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, demation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide access dead Date of 1.0-21-45
Cemetery or crematory Carlamoult	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
I Trocks sons	Means of injustices of Carthet Course Conta poly object
18. Funeral director.	Neport made al Ela
Address Syalismile ma	23. SIGNATURE 202
19. 16/22 1545 amanda Dourse	M. W. or other
(Date rec'd by registrar) Registrar	Address # oceshall haste signed 0-21-45

RECEIVED

OCT 23 1945

TO .

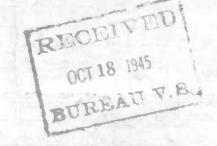
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (872)

CERTIFICATE OF DEATH

	ANDE MISTO ATO MONOGORANIA		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County 7.	(For newborn infants give residence of motion)		
City or town (If outside city or town limits, write RURAL and give neares) town)	State allog Cooling allowed		
	City or town Wat Tuces June		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
morphism, mornism, or other address where death observes.	Street No.		
How long in hospital or institution?	(If rural, give LOCATION)		
3.(a) FULL NAME	2.(a) It veteran, name war		
3.(a) POLL NAME	3. (b) Social Security Number		
Mary D. Heggs			
4. Sex 5. Color or race 6.(a) Single, married vidowood, or divorced	MEDICAL CERTIFICATION		
7 m Diseaso	Oct 19 45 200		
1000-90	20. DATE OF DEATH 961 2 1945, at 9:03 P. M		
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from		
	1942, to Wet 1245		
7. Birth date of	and that I last saw h 42 alive on 45		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
2	- And Andrews of the second of		
hrsmin.	trafantali Cerebral Jarahpio 3 mo		
9. Birthplace Mach. De	Due to.		
(Town, county, and atate)	•		
10. Usual occupation	Due Io.		
11. Industry or business			
12 Name Warrent Deggs	Other conditions Messel disclare		
12. Name Warren F Deggs 13. 8irthplace			
E 11.0	(Include pregnancy within 8 months of death)		
14. Maiden name / Lucius Saus	Major findings of operations.		
El 15. Birthplace	Bate of op.		
18. Informant Warrent - Itrago Jastur	Autopsy results		
Address Wash - L.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
face of white	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or creptiony C. Stell Courter	Where did injury occur?		
Visit Proced			
Location Control Control	Injured at home, tarm, industry, public place (where?)		
18. Funeral director. ATO Manubes G	Means of injury Injured at work?		
Address 577-1176 1.6. De	0-1 - 26 1		
10-1 1 15 1	23. SIGNATURE DOWN OF THAILOWS M. D. or other		
19. Ott 14 19 45 (Date ree'd by registrar)	Address Cheverin-Hyattanille Pote signed M. J.		

HOLES DESCRIPTION OF THE STATE OF THE STATE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Time County	State In a lend county Prince Gas yes		
City or town. (If outside city or town limits, write RURAL and give nearest town)	70804		
flow long in above place of death?S year	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 5400 - 3-d Con		
5400-3.d Cen	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME morie Wilhermina	Hogobach 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fluid white married	20. DATE OF DEATH COULD IS 4 TO STATE OF DEATH COULD IN		
He doubt Hazal.			
6.(6) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
7. Sirth date of	and that I tast saw h a alive on a 19 4		
deceased (mo., day, yr.) march 17, 1904			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
41 6 29hrsmln.			
9. Sirthplace. Clawn county, and stated	Bue to Precuosis		
(Town, county, and atate	Due to		
10. Usual occupation.	200 Pulmen taberculosi		
1f. Industry or business Gran Home	000 000		
E 12 Name Fredrich Roepke	Diher conditions		
12 Name Treduck Ruepke			
	(Include pregnancy within 8 months of death)		
14. Malden name Line Common Li	Major findings of operations.		
≥ 15. Birthplace	Date of op.		
18, Informant Jewille Hogelvally	Antopsy results		
Address 5400 - 3rd One, Forester	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial. Date thereof 10-17-45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Whitch) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Excation Washington of C	Injured at home, farm, industry, public place (where?)		
14 41 Polembers le	Means of Injury lojured at work?		
rs. runeral director			
Address 5/3-11:08 8 00 01:08	23. SIGNATURE Sources 2. Lovel		
10 Oct 17 1948 - / Thos D. Suffille	M. D. or ther		
(Data rec'd by registrar)	Address of the population of the state of th		

CENTIFICATE OF DEALERS



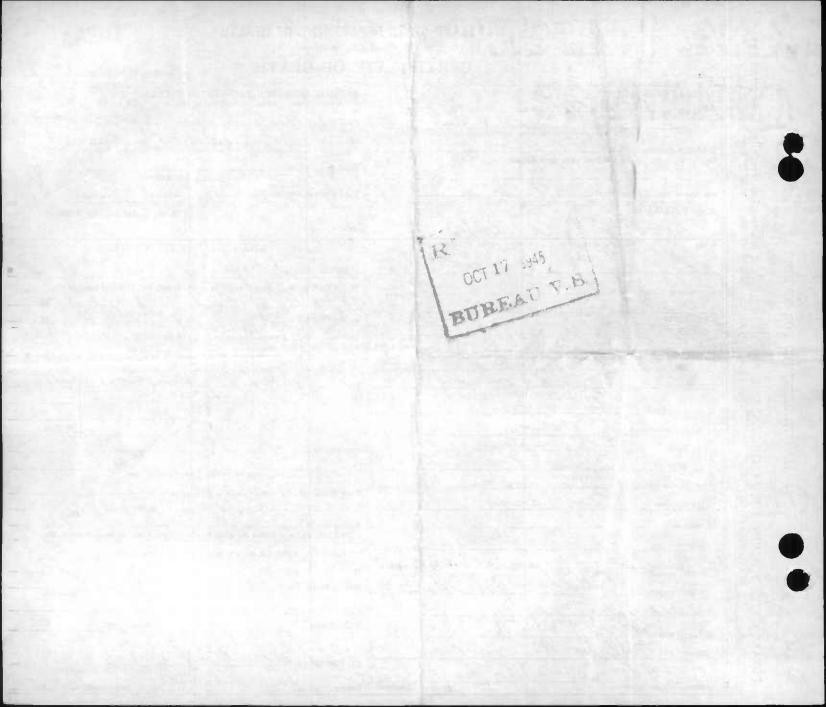
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

10285 Rog. Dist. No. 237

County Clif or town (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbown infants give residence of mother) State County City or town. (If outside fits or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) It veteran, name war.		
1	3. (b) Social Security Number		
6.(6) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH		
8. AGE: Years Months Days It less than one day 7 9	Immediate cause of death fity farthers the Bus		
9. Birthplace	Due to		
13. Birthplace Comments Jones 14. Malden name of the Jones 15. Birthplace Caphiani	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant	Autopsy results		
17. (Burial, cremation, or remove. Which?) Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Degrees, Mrs. 18. Funeral director Light Y Mills	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
Address 1 War + Man Hung B. Cont. (Date rec'd by registrar) Registrar	23. SIGNATURE AUGUSTUS M. D. or other Address Dug husull Date signed 0/9/K5		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19:00

10286 Reg. Diat. No. 243

CERTIFI	CATE	OF	DEA	TH
			ν_{μ}	

1. PLACE OF DEATH: Prince George's		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town (rural) Clenn Dala, Maryland (If outside city or town limits, write RURAL and give nearest town)		StateD. C. Cou	StateDC. County				
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4. MOS. 2. 25 days		9171-11	917 1 - 1 1				
How long in above place Hospital, Institution, or	of death?	eath occurred		(If outside city or town limits	City or town		
Glen	street address where do	atoriu	m.	Street No. 1846 Provide		t	
How long in hospital or	r Institution?4. I	nos.,	25 days	2.(a) If veteran, name war			
3. (a) FULL NAM					3. (b) Social Security	Number	
			NG, MAMI	E	-		
4. Set	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	Colored	Ma	rried	20. DATE OF DEATH OCZ	. 3 19 41	3 30 m	
	or wife. Willi			2f. I CERTIFY that death occurred on the date about	1 - 1	- 11.1	
7 Right data of) If alive, give ageyears	and that I last saw h		/ / /	
deceased (mo., day,)	m.) Octobe:	r 19,	1886				
8. AGE: Years	Months	Days	If less than one day	Immediate cannoi death	is	DUNATION	
58	11	14	hrs mla.	Juliupua	sy	6 nus.	
9. Birthplace	Charleston	S. C	arolina	Due to	<i></i>		
fO. Useal occupation			***************************************		•••••••••••••••••		
ff. Industry or busines				Due to	••••••••••••	***************************************	
	John Mell			Other conditions		00 010000000000000000000000000000000000	
12. Name	Charlest	on, Sc	uth Carolina				
14. Maiden name.	Minnie	Carsta	n	(Ioclado pregnancy withio 3 m			
14. Maiden name.			outh Carolina	Major findings of operations			
t6. Interment	Decedent			Autopsy results			
Address				PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.	
	e to	0.4.4	. 10-3-45	22. VIOLENCE: Il death was due to external caus	ses, fill in the following:		
(Burial, cremation	or removal, Which?)		(mooth) (day) (year)	Accident, solcide, or homicide	Date of		
Cemetery or cremato	y Washi	yton	, D.C.	Where did injury occur?(City or town)	(Couoty)	(State)	
Location			***************************************	Injured at home, farm, lodustry, public place (wh	ere?)		
18. Funeral director	Cobert G.	MC	Guil	Means of Injury	tnjured at work?		
Address 192	0-9Th 1,4), wa	sh. D. c	0000	1.	, mo	
		1	land S. Philips	Address Slam Dall	M. D. M. D. Date signed.	or other 10/3/4.5	
			,	- THE COURT OF THE PERSON OF T	. b b signeu.		

HARVLAND STATE DEPARTMENT OF BEALTH

CERTIFICATE OF DEATHS

NOV 6 1945

The Land of the Control of the Control of the

BUREAU V.E.

2411 N. Charles St., Baltimore

10287

CERTIFICATE OF D	EATH

Rev. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince George	(For newborn infants give residence of mother)
City or town	State. State County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, on street address where death occurred:	Protect No. 1413 Ridge Place S.E. D.C
Leland Memorial tosp. Kiverd	Office Ho. (If ru d., give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Un-named Baby Kinney	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 em white	
7 em while	20. BATE OF DEATH 1945 21 9.05 P. M.
6.(b) Namo of hysband or wifo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10-22 1845 10 10-22 1845
7. Birth date of 10-72-45	and that I last saw he y alive on 10 - 22 - 1944
doceased (mo., day, yr.)	Immediate cause of death Prematurity DURATION
8. AGE: Yoars Months Days If less than one day	
10 minute Oct 0 hrs. 10 mi	n. '
9. Birthplace Riverder Prince George Md	Due to.
(Town, county, and state)	
10. Usuat occupation	Oue to
f1. industry or business	000 (0
12. Name Robort Kinney	**************************************
13. Birthpiaco Hardwick Vermont	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Dorling	Major findings of operations
\$ 15. Birthglace Craffolices Vermon	Bato of op.
Grant Mather) Mrs. Blizabett Davi	
0 141	HYSICIAN: Please underline the cause to which death should be charged statistically.
Address Crafts very , Verwood	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, sulcido, or homicide
EVEN ON OLD	
Cemetory or crematory	Where did injury occur?
Location Bladent fung Md	Injured at home, farm, Industry, public place (where?)
I Grache sons	Means of Injury Injured at work?
18. Funeral director	
Address Sylanderelle one,	- 23 SIGNATURE C. L. (Lindy, n.D.
Oct 25 45 July Sever	25. M. D. or other
(Date rec'd by registrar) Registrar	ar Addres 503 Ford Hope Ol S.F. Bate signed 10-22-45.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. The cover is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CERTIFICATE OF SEATHER SECTION OF THE SEC [RECEITED] OCT 27 1945 WYREAT T.S Manager Carlot State State THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8/20

CERTIFICATE OF DEATH

1/128239 Reg. Diat. No. 239

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Musel Deorges	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long to above place of death? 2/2/200.	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3311 - Commonwealth ave.
	(If rnral, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
) harron //are	ey
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tours White Suigle	20. DATE OF DEATH OLF 8 19 65 at 5-12 M
~~.	
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the dato above stated; that I attended doceased from
7. Birth date of	
deceased (mo., day, yr.) Nov. 12-1943	ma a di
8. AGE: Years Months Days If less than one day.	Immediate cause of death August 1919 DURATION
/ // 26min.	O Macus July
Washington DC	las The Street
9. Birthplace	Duo 10
1D. Usual occupation.	
11. Industry or business	Due to
ZI VI	
6 40 101	Diher conditions
[13. Birthplace Carttand Oragon	(Include pregnancy within 3 months of death)
E 14. Maiden name Dosplay & Coall.	Major findings of operations.
15. Birthplace Portland Oregon	Date of op.
16 informant Ben H. Muscey	Astonsy results
Address 33/1-Commonwealth are Va	PHYSICIAN: Please underline the cause to which death should be charged statistically.
4: 0-+04:000	22. YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemeters or crematory Fart Lincoln Country.	Where did injury occur? (City or town) (County) (State)
BO-10-0 ml &	
Location Colonia Colon	Injured at homo, farm, lpdastry, public placo (where?)
18. Funeral director C. C. Chalubers too.	Means of Injury Injured at work?
Addresa Riverdale, Md. 1	6 Milaxen lend
10-1-04 11C m. 0 - midnig.	23. SIGNATURE M. D. or other
(Date rec'd byregistrar) (Date rec'd byregistrar)	Address Haurel Me Bate signer 0/8/45

MARTING STATE DESCRIPTION OF MARTINE

BUREAU V.S.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10289

	September 1			_
			No. 24	1 5
4	Dag	Dist	No of	1
	MOR.	Dist.	110	

CERTIFICAT	TE OF DEATH Reg. Dist. No. 243
1. PLACE OF DEATH: County Printe George's City or town (rural) Glem Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 yrs., 9 mos., 14 days Rospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 7 yrs., 9 mos., 14 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or lown Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 741 Girard St. N. W. (If rural, give LOCATION) 2.(a) If veleran, came war.
3. (a) FULL NAME CHARLES H. M 4. Sex 5. Color or race 6. (a) Single, married, widowed, or diverced	ARSHALL 3. (b) Social Security Number 578-03-0534
Male Colored 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(6) Name of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that I altereded deceased from 1. 2. 2. 2. 19. 3. 7, to
8. AGE: Years Moeths Days 11 loss than one day 51 6 28	Pulmonary Tuberculoses 9 yrs
8. Strthplace Maryland (Town, county, and state) 10. Usual occupation Breadman — Walter Reed Hosp. 11. Industry or business 12. Name Singleton H. Marshall 2 13. Sirthplace Maryland 14. Maiden name Sarah E. Marshall 15. Sirthplace Maryland	Due to
18. Informant Address 17. Cemelery or crematory Location M. O. M. Company of the second of the se	Autopsy results PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

RECEIVA NOV 6 1945

BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants edve residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 32 Mr	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	
	Street No
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
lights man	ments
4. Sex 5. Color or rate b.(a) Single, married, widowed, or offorced	// MEDICAL CERTIFICATION
Hemale Mult Single	20. DATE OF DEATH. 43 M
0 (h) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(6) Name of husband or wife	Cung. 19 19 45 10 Cleh. 14 1945
7. Sirth date of 7. Sir	and that I list saw her alive on Oct. 9.14. 1945
deceased (mo., day, yr.) Mag. 14 1873	Impediate carrie of death DURATION
8. AGE: Years Months Days If less than one day	Prierro alesone week
70 y /3min.	JAJAHA I
8. Birthplace / running ton W.C.	Que to.
(Town, county, and state)	(ounand bournes)
10. Usual occupation	Due to.
11. Industry or business Book King Am C	Due to.
E 12. Name / MMAA / MAMAA	Other conditions
13. Birthplace Eugland	
14. Malden name Thank b, Appton	(Include pregnancy within 3 months of death)
Halden name Mary his first on String 15. Sirthplace	Major findings of operations.
∑ 15. 6irthplace	Date of op.
16. Informant Alice Polleck	Autopsy results.
Address Wear Bervie	PHYStCIAN: Please underline the cause to which death should be charged statistically.
6 4 19 114"	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 715 Olaivet	Where did injury occur? (City or town) (County) (State)
3110 - 6 10 0	Injured at home, farm, Industry, public place (where?)
Location Landau	Means of Injury Injured at work?
18. Funeral director Martin Fladering Car	means of infact.
Address Boyanie ma	The Halianetin Tank
0.415 15 1 0/11 1. 1.	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address South Mal Bate signed at 14-40-

OCT 17 1945
BUREAU V.S.

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RECO properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important. N. B.—WRITE PL.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH					950 11291	
-	County Pri				Registration Dist. No.	
	Village or City 1 V.O.	rdale			NoLeland Memorial Hospitalt, Ward	đ
			ath account	(16	NoLeland Memorial Hospitalst, Ward death occurred in a horpital or institution, give its NAME instead of street and number) s	
	reugin or rasidance in co	ty or town where u	aatii occurred	913,	Standard Total Control of Lotolett Militian Control of) e
2	FULL NAME Be	4			If U. S. Veteran, specify WAR	-
	(a) Residence: No. 1	.1克 4th	St. S. (Usual place		ng ton D. Ward. ff nonresident give city or town and State	-
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. \$	EX 4. COLO	R OR RACE		RfED, WfDOWED, D (write the word)	21. DATE OF DEATH October 2245	
F	emale Whi	te	Marrie		(Month) (Day) (Year)	-
5a.	If married, widowad, or divo HUSBAND of	rcad	TO VELICIE			
	(or) WIFE of Georg	ge V. Mi	dkiff		22. I HEREBY CERTIFY, That I attended decassed from August 30 1945 to October 22 1945	m
		0 - 1	20 200		last saw her elive on Dotober 21 19 45 yeath is sa	-
6. I	OATE OF BIRTH (month, day	Months	12 188 Days	If LESS than	to have occurred on the date stated above, at 11 2 m.	u
6. 2			34400	1 day,hrs.		
	57	1 0	9	ormin.	ware as follows: Date of once	ť
NO	8. Trade, profassion, or particular kind of work done, as SPINNER, Housewife				Hymertensive cardiac disease Unknow	
	9. Industry or business in		Odboniti		Hypertensive cardiac disease Unknown Congestive failure	
UP/	work was dona, as S SAW MILL, BANK, a	SILK MILL, OW	n Home		Congestive failure	-
OCCUPATION	10. Data deceased last wor	rked at	11. Total t	ima (years)		-
	this occupation (mo	nth and		nt in this upation		
	DIDTUDE LOT (situations)				Other Contributory Courses of importance: Congestive failure	
14.	BfRTHPLACE (city or town) (State or country)	west	Virgin	nia		-
2	13. NAME Floyd	A. Smit	h			**
FATHER			W. Va.		Name of operation none Date of	-
FA	14. BIRTHPLACE (city or to (State or country)	wn)			What test confirmed diagnosis? Was there an au'opsy?	
2	15. MAIDEN NAME	Emma Ze	tta		23. If death was due to external causes (VIOLENCE) fill in also the following:	
H	15. MAIDEN NAME Emma Zetta 16. BIRTHPLACE (city or town)				Accident, suicide, or homicide?	
₩ ₩	16. BIRTHPLACE (city or to (State or country)	wn)	W. V	a.	Where did Injury occur?	- 40
17. INFORMANT Vera Kennedy					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	-
					Specify whether injury occurred in thousand, in flowing, of in robulo react.	
(Address) (Ashington D. C. 18. BURIAL, CREMATION, OR REMOVAL BURIAL			drial		Manner of injury	
Place Lincoln Co. W. Ma. Oct. 25, 19			Wa. Oc	et. 25,19	Natura of Injury	
ille the Finners O House			1 1 1 1	H-12-10	24. Was disaasa or injury in any way pelated to occupation of decaased?	
19. UNDERTAKER CAST CAPITOL St. Wash. D.C.			St. de	ash. D.C.		
(Audiopolitical St. Gasti. D. C.			100	(211 · D · O ·	(Signad) Xkun 9 Knolley M.	n
20. FILED 10/22, 19 45 Useranda downey Registrar.		uney	(Address) 1272 - Oth St., S. W.	0.		
1				registrar.	10. 41.33/	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

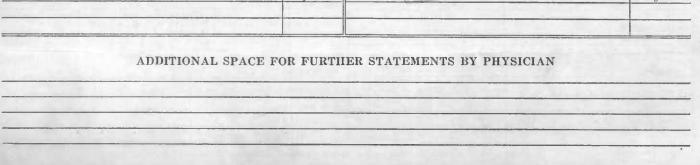
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

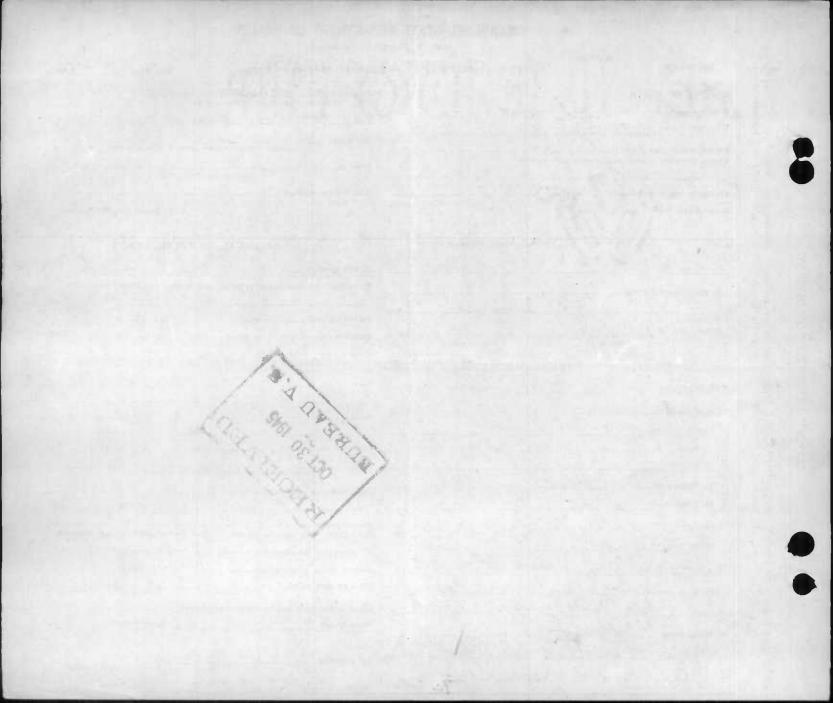
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Standard States Gala Margarlania	State Managelanala County Manufageraning
(If outside city or town limits, write RUKAL gird give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 123 Calladadada Chaladadada Chaladadada Chaladadada Chaladadada Chaladadada Chaladadada Chaladadada Chaladada Chalada Chaladada Chalada
Englar addama Degrasial Itapates	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
miller ms Jemmin	ral
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale White Widowed	20. DATE DF DEATH. Oct 28 19.45, at 2.7. M
S. (b) Name of husband or wife Annual Marie Mari	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6/21/ 1933 to 10/28/1943
7. Birth date of Sirth date of	and thet I last saw h
deceased (mo., day, yr.) 8 A.C.F. Years Month Days If less than one day	Immediate cause uf death
o. Ada.	
	celtige sterron hage 16 ms
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	The water of
11. industry or business after home	Due to Jan Callander
	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Elandella	Major findings of operations
El 15. Birthplace Scalland	Date of op.
18. Intermate Tangeital Cleaned as guner	Autopsy results
Address by danather on alimisian	PHYSICIAN: Please underline the cause to which death should be charged statistically.
21. 1 at 31. 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or cramatory. Die Mask. Manuel Cometry	Where did injury occur?(City or town) (County) (State)
Location Lagra (Kand) Callette The.	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury tnjured at work?
Address 354 Cannoll St. 11 No Jahrens Vall &	P The Aller of Town
104 49 10	23. SIGNATURE M.D. or other
19. (Date rec'd by registrar) Registrar	Address & Carrollas Ishoma Vanh hal signed 188 45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manland County Prince George
(If outside city or town limits, write RURAL and give nearest town)	City or town I all one Park
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
40 Tr Circle	Street No. CLA CLA CLATION) (If rural, give LOCATION)
How long in hospital or institution?	(1 rural, give LOCATION)
3. (a) FULL NAME	
	tchler 3. (0) Social Security Number
4. Sex 5. Golor or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temole White married	20. DATE OF DEATH OF T 19 45 at 8:00 PM
8.(b) Namo of husband or wife albert Cruest	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
mitchler 8.(c) If alive, givo age 30 years	
7. Birth dato of deceased (mo., day, yr.) 20 30. 1920	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
25 4 2min.	and Shoel
9. Sirthplace (Town, comby, and state)	Ove to good stat wound
10. Usual occupation to receive	Theod
11. Industry or business from Horse	Oue to D
12. Name Should Assist	Other conditions about 5 months
₹ 13. 9irthplaco Vuguna	(nelude pregnancy within 3 months of death)
E 14. Maiden name De Sthy Clinton	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. 8 irthplace vashington, DC	Date of op.
18. Informant may Sopourn	Antopsy results.
Address 824 - English No Waglington Da	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Date thereof, CC 3, 1905	*22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicided and accident, suicide, or homicided and accident and accident accident.
(Burial, cremation, or removal, Which (ponth) (day) (year)	Where did injury occur? Tohoma Park C. C. M.
Cemetery or crematory may be ford of	(City or town) (County) (State)
Location market Ford; /e	Injured at home, farm, Industry, public place (where?)
18. Funoral director	A CLASSIC CONTROL OF THE CONTROL OF
Address My allsville, high.	23. SIGNATURE
19. (Onto period by period party)	M.D. okother
(Date rec'd by registrar) Registrar	Address & alskall was Dato signed 0 - 2 - 4 1

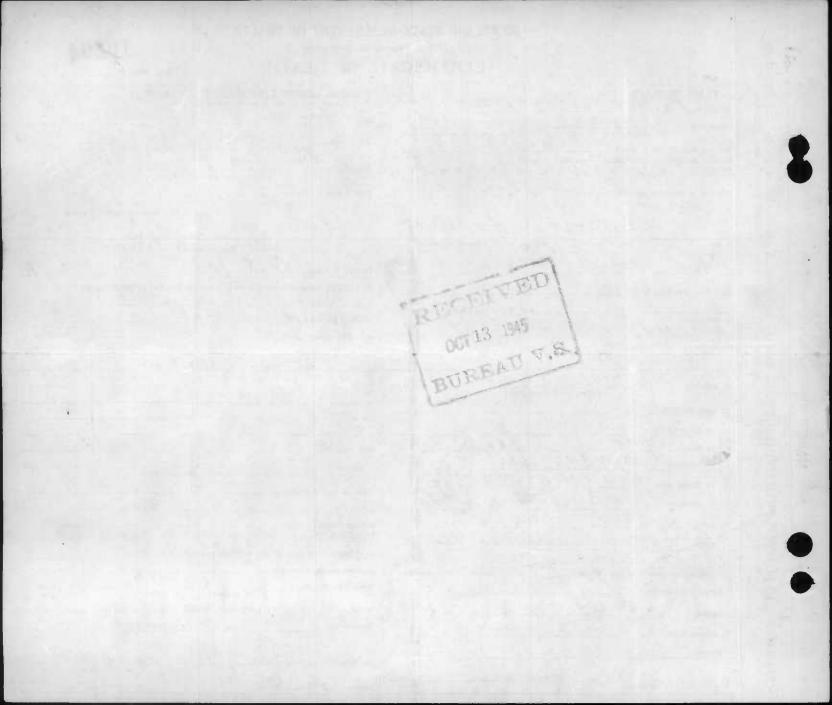
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

CERTIFICATE OF DEATH

Reg. Diat. No. ...

	1. PLACE OF DEATH: GEORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	10781-05	State PENNA, County FRANKLIN
	City or town	CINDARO RUZO
	How long In above place of death? 490NT43	(If nutside city ur town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred:	Street No.
		(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME CHAPLES HERBERT	OCKER 3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MALE WHITE SINGLE	20. DATE OF DEATH Oct 10 19.45 21.12-15 Am
	A (I) No. of the short of the	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6.(b) Name of husband or wife	Jane 1943, 10 Oct 10 1945
	7. 8irih date of	and thet I lest saw h. / M. alive on Q et / 19 4.5
	deceased (mo., day, yr.) VVVE 24, 1944 8 AGE: Years Months Days If less than one day	Immediate cause of death
	1 3 17	
		dy obscuphalis 1sp.
	9. Birthplace (Town, county, and state)	Due to
	10. Usual occupation	
		Due to
	11. Industry or business 12. Name VOHN J. OCKEP	
	0	Other conditions
	Z 13. 8irthplace CHAMBERSBURG, PA.	(Include pregnancy within 3 months of death)
	14. Maiden name PRANCES KUNKLES 15. BIrthplace PARTINS BURG, W. VA.	Major findings of operations
	15. Birthplace / JARTINS BURG, W. VA,	Date of op.
	16. Informant JOHN K. OCKER	Autopsy results
	Ladies - LUTAW PL. BALTO, MD.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	transportation Date thereof OCT 11.1945	22. VIOLENCE: If death was due to external causes, fill in the following;
I	(Burial, eschation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	Location CHAMBERSBURG PENNA.	Injured at home, farm, industry, public place (where?)
	18. Funeral director 7 Flasch's Cons	Means of injury Injured at work?
	Address HYATTSVILLE, MD.	01 -03 1
	Audiess /// // / Source // // D.	23. SIGNATURE JOHN J. Maloney M.D. or other
	19. (Date ree'd by registrar) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Angulavelle Md Date signed 10-10-42



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Dy

10295

CERTIFICATE OF DEATH

			_		_	
Par	Dist	N.	2	1	4	

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	state Maryland county Montgomery		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Burtonsville (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
307 Prince George's Ave.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
CLARA S. PARSLEY 4. Sex 5. Color or race 6.(a) Single, married, widowed, or differenced	none		
	MEDICAL CERTIFICATION		
female white married	2D. DATE OF DEATH		
6.(b) Name of husband XXXX Arthir R. Parsley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h. R. Zalive on & C. J. 20 19		
deceased (mo., day, yr.) June 6th. 1874	and that I last saw h		
8. AGE: Years Months Days If less than one day	Таминавания звас		
71 4 16min.	for the second s		
s. Birthplace Prince Georges Co. Md. (Town, county, and state)	Cull cullotsleting 5 days		
10. Usual occupation Retired			
11. Industry or business	Due to My Conephrana		
12. Name John Wm. Lusby 13. Birthplace Maryland	Other conditions Il Millysia 1021		
≥ 13. Birtholace Maryland	(HUTHINGOLUNIA		
14. Malden name Mary Rachel Parker 15. Birthplace Maryland 16. Petermont Arthur R. Parsley	(Include pregnaucy within 8 months of death)		
15. Birthplace Maryland	Major findings of operations		
16. Informant Arthur R. Parsley	Autopsy results.		
Address Burtonsville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Dundol 10/04/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
	Accident, suicide, or homicide		
Cemetery or crematory Burtonsville Union	Where did injury occur?		
Location Burtonsville, Montey Co. Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director tandle Thurshills:	Means of Injury Injured at work?		
Address 8434 Ga. Ave. Silver Spring. Md.	(MINALLO IN O		
10 Oct 23 10 45 Josephine m schaeffe	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Date eigned 15/2 7/4		



Act backton

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH County County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newform) infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Odd A 4 1		
How long in above place of death? 2 weeks	City or town (If outside city or town limits, write BURAL and give nearest town)		
Hospital, Institution, or streat address where death occurred:	Street No(If rural, give LOCATION)		
How long in hospital or institution? 2 weeks	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
David Ross Garsons			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male While Single	20. DATE DE DEATH O Close 31 19 45 of 9:55 P.M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(c) tf alive, give ageyears	0 Ctoles 10, 19 45 10 00 t. 31 18 46		
7. Birth date of deceased (mo., day, yr.) Kannary 21, 1945	and that I last saw h alive on October 30 18 4.5		
8. AGE: Years Months Days If less than one day	Immediate cause of seath Capathal DURATION		
9 10hrsmin.	acus denotion Delitain		
9. Birthplace Baltimore, Maryland	Due to Deligalation		
(Town, county, and state)			
10. Usual occupation	Due to		
11. Industry or business			
12. Name William John Garsons 13. Birthplace Muskegon, Michigan	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Assaine Johnson	Major findings of operations.		
\$ 15. Birthplace Rising Sun, Md.	Date of op.		
16. Informant Lansin Q. Parosas	Autopsy results		
Address Rismo Sun. Md.	PHYS1C1AN: Please underline the cause to which death abould be charged statistically.		
10 1 Maria 9 19116	22. V10LENCE: If death was due to external causes, fill in the following:		
(Burist, commation or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory 10 1000 View	Where did injury occur? (City or town) (Connty) (State)		
Location Sugar Sun Mcs.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director & E. Tyson	Means of trijury trijured at work?		
Address Prising Sun Md!	B Pllesone.		
Noneman P. 2 4 F Par F Mac Deta	23. SIGNATURE M. D. or other		
19 Date rec'd by registrar) 19 Date rec'd by registrar	Address Lawel Md Bate signed 11-1-45		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107,

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothes)		
Charles Of	State Man Land County Princel Googe		
How long in above place of death?	City or town thee held		
How long in above place of death?	(If ontside city or town limits, write RUKAL and give nearest town)		
greenbelt look	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Henry William J	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mill White momed'	20. DATE OF DEATH Get 9 1945 21 920 AM		
6.(6) Name of husband or wife. Or A Colons	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
S. (c) If alive, give ageyears	and that I last saw h		
deceased (mo., day, yr.) (act / /8 6 8	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Exhaustion		
	/		
8. Sirfiplace (Town, county, and state)	Buo 1a. La final de la companya del companya del companya de la co		
10. Usual occupation. Selled James	Due 10. Bis Indipendent		
11. Industry or business			
12. Name Parry Parry 13. Birthplace	Diher conditions		
14. Maiden name Devens De Sens	(Include pregnancy within 8 months of death)		
14. Maiden name 12. 1. 15. Birthplace	Major findings of operations		
16, Informant marion Colonies	Autopsy results		
Address Greenbelt was	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Cremative Date thereof Box 10,1945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	Where did injury occur?		
Location Dest. D.C	Injured at home, farm, Industry, public place (where?)		
18. Funerat director Illian Lulin Sin &	Means of Injury Injured at work?		
Address (300-4-1179.6)	Deputy medical Gamer		
19. 10/9 1845 Umande Doune, (Dato ref d by registrar)	Address M. Dorother Address Date signed O-9-1		
negotiai)	Address Date signed		

RECEIVED OCT 22 1945

BUREAU V.S.

CERTIFICATE OF DEATH

	A TOBO DE LA TRANSPORTINION
1. PLACE OF DEATH: Ofone 9	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Nince Leo
City or town (If outside city or town limits, write RUFAL and give nearest town)	Mart to skat
How long in above place of death?	City or town
Hospital, Institution, or sfreet address where death occorred:	Streef No. 6 7 7 7
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
MARGARET WIRCHNIA DA	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Slogle, married, widowed, or divorces	INE near
1 1 1 1 1 1 1 1 1 1	MEDICAL CERTIFICATION
flance while middle	20. DATE OF DEATH October 22 19.45 of 8 Cm
6.(b) Name of husband or wite Maller B. Payre	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (c) If all we give one	Jan. 1842, 10 Oct 122 18 45
7. Birth date of deceased (mo., day, yr.) Let T. 26 - 1858	and that I last saw har allyo on OCT. 2/ / // 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death, OURATION
86min.	Cully Viser un to the S. 42
Marke stone de	Due to arturio Jehlum
9. Birthplace (Town, county, and state)	Due 10. Comme Johnson
10. Usual occupation	Bus do
11. Industry or business	Due 10
12 Hame Millean H. Gell	Other conditions Beust Curlinowa 2 42
12. Name Mulleau H. Lell 13. Birlholace	
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Brillians 15. Birthotace Va	Major findings of operations
21 15. Birthplace Double Space Double	Bate of op
16. In Confession Conf	Autopsy results
Address 60/ 49. ave (Spy-11)	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereol (month) (day) (year)	Accident, suicide, or homicide
7 mt terrole	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director 11 the Chiefelles Eo	Means of Injury tnjured at work?
Address 5/7 //2 St 21.8.	Thomas &. Epport
10/01 CONC	23. SIGNATURE M. D. or other
19. 10. 22 19. 45 Carrie I. Completer	Address 4101 2 min - a 72 Bate signed 10. 22, 45
	washington Ol.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1(129!) Reg. Diat. No. **1** 43

1. PLACE OF DEATH: George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State D. C. County		
How long in above place of death? 2 mos. 8 days	City or town Washington (If ontside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred; Glenn Dale Sanatorium	Street No. 1433 Meridian Pl., N. W.		
How tong in hospital or institution? 2 mos., 8 days	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
THOMAS B. T	OTTS 3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE DE DEATH. Qcf. 18 1945 at 4.30 A.M.		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Sirth date of	(lug. 10 18.45, 10 OCT-18 18.45)		
deceased (mo., day, yr.) October 16, 1868	and that I last saw h. Co. 17 13.4.5.		
8. AGE: Years Mooths Days If test than one day	Immediate cause of death Pulmonary Julierculosus 11 Mo.		
77 – 2hrsmin.	- Indiana Control of the Control of		
e. SirthplaceKing George, Virginia (Town, county, and state)	Due to		
10. Usual occupation Retired Gov't. Worker			
1f. Industry or businese	Due to		
	and ante custition 2 mo		
Hezkiah Potts 13. Birthplace Virginia	arthirsclerois. 10 ms.		
14. Maiden name. Anne Ball	(Include pregnancy within 3 months of death)		
Virginia Virginia	Major fiedings of operations.		
16. Informant Decedent	Actopsy results Bilateral pulmonary tulier realosis		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Removal to Wash Dicheror . OF 18 45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory Removal to Wash Police Com.	Where did lejury occur?		
Location Location, Co.	lajured at home, farm, industry, public place (where?)		
18. Funeral director W. W. Chambers Co, Revel	Means of injury injured at work?		
Address 3072 M. St. N. W. Wash. D. C.	Daille Pina mo		
19. Oct 18 1945 Rowland S. Philips (Date rec'd by registrar)	23. SIGNATURE & Surely 420 M.D. or other Address Vland Dale MA Bate signed D. 18 145		

HELIARI TO DEPATRATE DEVALUATION OF THE STATE OF THE STAT Wallington of which the state of the state o

REPORTVEU NOV 6 1945

BUREAU V.S.

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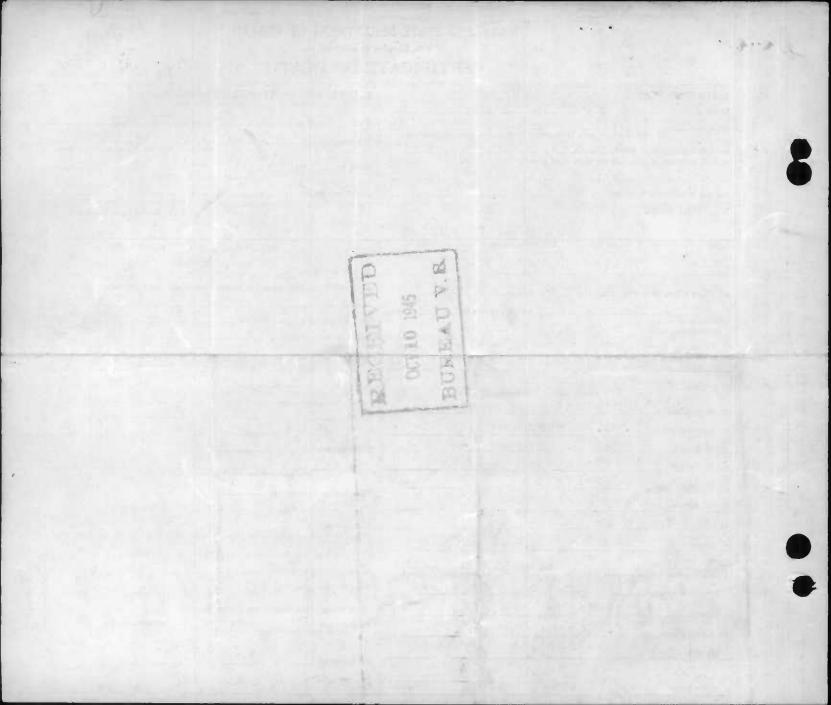
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Fince Georges County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	Slate Maryland County Pro Geo Co		
City or town Hyattsville Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Hyattsville Maryland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 27 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Sireet No. 4110 Gallatin st		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Smith White Purdum			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH. Oct 4, 1945 3;10 A		
Loune Dolon Dundam	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife Laura Dolan Purdum	21. Sentiri that bearn occurred on the date above stated, that fallended deceases the state of t		
7. Birth date of Section 2007 S	and that I last saw h wallye on Oet 3 19 6		
deceased (mo., day, yr.) Dec 12, 1876	Immediate cause of death OURATION		
8. AGE: Years Months Days It less than one day	Immediate casse of death		
68 yearshrsmin.	Lewan		
Maryland	Due to		
9. Birthplace Maryland (Town, county, and state)	Leventon		
10. Usual occupation Assistant Postmaster	Due to		
11. Industry or business U. S. Government	Due to		
	Ather conditions		
12. Name Thomas L. Purdum 13. Birthpiace Maryland	One Condition		
불 14. Malden name Emma Lewis	(Include pregnancy within 8 months of death)		
14. Maiden name	Major findings of operations		
15. Birthplace Maryland	Date of op.		
14. Maiden name Emma Lewis 15. Birthplace Maryland 16. Informant Laurs Dolan Furdum	Autopsy results		
Address Ayattsville Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Oate thereof UCt 6, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Fort Lincoln Cemetery	Where did injury occur?		
lecation Colmar Manor Maryland	Injured at home, farm, Industry, public place (where?)		
wood that	Means of Injury Injured at work?		
18. Funeral director F. Gasch's Sons -Hyattsville Maryland	Mait (10		
Address	23. SIGNATURE QUEEK CONTRACTOR		
Of 6 James Seers	M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Date signed 10-140		



	CITEL TOP O	areac	*******	(12-6)
CERTIFI	CATE	OF	DE	ATH

D.C.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death charly and legibly. MARGIN RESERVED FOR BINDING

1	

y or town G1	enn '	l: Georges Dale, Md	- RII	RAL	
	(IT Offens	de cità or rown ir	MILLER, WEILE A	URAL and give nearest town) 3 days iu	
spital, Institutio	a, or stre	et address where	death occurred	l;	•••••
		Dale Sa			
ow long to boso!	tal or ins	filulion? 10	months	, 3 days	
. (a) FULL N					
. (0) 10.22		RA	INE	V BETTI	/
. Sez	15	Color or race		e, marfied, widowed, or divorced	-
female		white	-	ngle	
1011010		1.22.2.00			
(B) Name of the	hand	Ma			
I see all the second		/11 6		***************************************	*****
. Birth date of				c) if alive, give ago	ears
deceased (mo.,			19, 19		
B. AGE:	Years	Months	Days	It less than one day	
			70		
		shington Trown. Clerk		hrs.	
10. Usoal occupa 11. Industry or bu	ilonsiness	shington (rown, Clerk	county, and	.atate)	•••••
10. Usoal occupa 11. Industry or bu	tionsiness	shington (Town. Clerk bert L.	D. County, and	.atate)	•••••
10. Useal occupa 11. Industry or bu 12. Name 13. Birthplace	tionsiness Ro	shington (Town. Clerk bert L. shington	Rainey	.atate)	•••••
10. Useal occupa 11. Industry or bu 12. Name 13. Birthplace	tionsiness Ro	shington (Town. Clerk bert L. shington	Rainey	.atate)	•••••
10. Useal occupa 11. Industry or bu 12. Name 13. Birthplace	tionsiness Ro	shington (Town. Clerk bert L. shington	Rainey	.atate)	•••••
10. Usoal occupa 11. Industry or bu 12. Name 13. Birthplace	tionsiness Ro	shington (Town. Clerk bert L. shington	Rainey	.atate)	•••••
10. Usoal occupa 11. ledustry or bu 12. Name	tionsiness Ro	shington Clerk bert L.	Rainey	.atate)	•••••
10. Useal occupa 11. ledustry or bu 12. Name	tionsiness Ro	shington (Town. Clerk bert L. shington	Rainey	.atate)	•••••
10. Useal eccupa 11. Industry or bu 12. Name 13. Birthplace 14. Malden o 15. Birthplace 16. taformant Address	Watton Siness Ro Wa	shington (Town. Clerk bert L. shington rothy Bu llwood, cedent	Rainey , D. C	ia	•••••
10. Useal eccupa 11. ledustry or bu 12. Name 13. Birthplace 14. Malden o 15. Birthplace 16. taformant	Watton Siness Ro Wa	shington (Town. Clerk bert L. shington rothy Bu llwood, cedent	Rainey , D. C	ia	•••••
10. Useal occupa 11. Industry or bu 12. Name 13. Birthplace 14. Malden o 15. Birthplace 16. taformant	washion was Roome Do	shington Clerk bert L. shington brothy Bu llwood, cedent	Rainey , D. C	ia	•••••
10. Useal eccupa 11. Industry or bu 12. Name 13. Birthplace 14. Malden o 15. Birthplace 16. taformant Address (Barial, cremant)	washion was Roome Do	shington Clerk bert L. shington brothy Bu llwood, cedent	Rainey , D. C	ia	••••
10. Useal eccupa 11. Industry or bu 12. Name	washion was Roome Do	shington Clerk bert L. shington brothy Bu llwood, cedent	Rainey , D. C rch Virgin	ia ia ia io (month) (day) (year)	
10. Useal eccupa 11. Industry or bu 12. Name 13. Birthplace 14. Malden o 15. Birthplace 16. taformant Address (Barial, cremant)	washion. siness Ro washion. Mi de	shington Clerk bert L. shington brothy Bu llwood, cedent	Rainey , D. C rch Virgin	ia	
10. Useal eccupa 11. Industry or bu 12. Name	washiess Ro Wa ame Do Mi de	shington (Town. Clerk bert L. shington rothy Bu llwood, cedent tremoval Which?)	Rainey , D. O rch Virgin	ia ia ia io (month) (day) (year)	B.

City or town Washington	
(If outside city or town limits	, write RURAL and give nearest town)
Street No.	Co, Noho
(If rural, give	
2.(a) if veteran, came war	**************************************
	3. (b) Social Security Number
4	579-20-4123
MEDICAL CE	ERTIFICATION
Ort.	8, 1945 11/45 p.
20. DATE OF DEATH	1919
21. I CERTIFY thal death occurred on the data about	re stated; that I attended deceased from
19.7	000. B 19 45
and that I last saw halive oo	000 B
Immediate cause of death	DURATION
morenos	<u></u>
Mullons	DURATION 13 NUMBER 13 NUMBER 13 NUMBER 13 NUMBER 13 NUMBER 14 NUMBER 15 NUMBER 16 NUMBER 17 NUMBER 18 NUMBER 1
Due to.	<u></u>
404-002-0000000000000000000000000000000	
Due to	***************************************
ADJ. ATAL ST. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	
Other conditions	
(Include pregnancy within 3 m	ionths of death)
Major findings of operations	•••••••••••••••••••••••••••••••••

Autopsy results	
PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.
22. VIOLENCE: Il death was due to external caus	ies, fill in the following:
Accident, suicide, or bomicide	Date of
Where did injury occur?(City or town)	
injured at home, larm, industry, public place (wh	ere?)
Meaos of Injury	Injured at work?
0.00	M C
23. SIGNATURE DANSE SE	O. FINICANO MX
40 00	M. D. or other

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother)

MARTEND STATE DEPARTMENT OF HEALTH

SERTISION TO STADISTREE

INTERPORT OF THE PARTY DWINGS IN LIGHT.

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DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		'/	4	. <
Reg. Dist.	No. 4	-	- 1	1

CERTIFICATE OF DEATH

County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State County City or town Washington			
Row long In above place of death? 9 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. 127 - C. Street N. E.			
Now long in hospital or institution? 9 days	2.(a) If veteran, name war			
3. (a) FULL NAME REED, RUTH	3. (b) Social Security Number			
4. Sex 5. Color or raco 6.(a) Single, married, widowod, or divorced	MEDICAL CERTIFICATION .			
Female White Married	20. DATE OF DEATH. DET./6 1945 21 500 R.M.			
8.(b) Name of hosbard or wife. Louis Reed 7. Birth date of deceased (mo., day, yr.) March 3, 1902	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 19. It to 19. I			
8. AGE: Years Mooths Days If less than one day 43 7 13	Immediato cause si desth DURATION DURATION			
8. Sirthplace Norwich, New York (Town, county, and atate) 10. Usual occepation. School Teacher 11. Industry or business	Due to.			
Wm. A. Baldwin	All			
13. Birthplaco Guilford, New York	Other conditions			
14. Maidon name. Grace Wylie	(Include pregnancy within 8 months of death) Major findings of operations.			
15. Birthelace Coventry, New York				
18. loformant Decedent	Antopsy results			
Address 17. Gurial, cremation, or removal. Which?) Cemetery or crematory. Children Cemeters or crematory. Children Cemeters or Company of the Cemeters of Company of the Cemeters of Cem	22. VIOLENCE: 11 death was due to external causes, fill to the following: Accident, suicide, or homicide			
18. Funeral director 300 - 4 Al- N. E. Week D. C	0.000.			
19. Oct. 16, 1945 Rouland S. Plinles (Date ree'd by registrar)	23. SIGHATURE AND SEE MAN. D. or other Address. Plan Dale MAN. Date signed 10/16/45			

THE ARM TO THE PURKET HAVE STATE SHATTERS.

CONTRACTOR STATE

LISTO SOCIETY

No. 14 Part - Francisco Company

15-17

RECUEVED NOV. 6, 1915 NUREAU V.B.

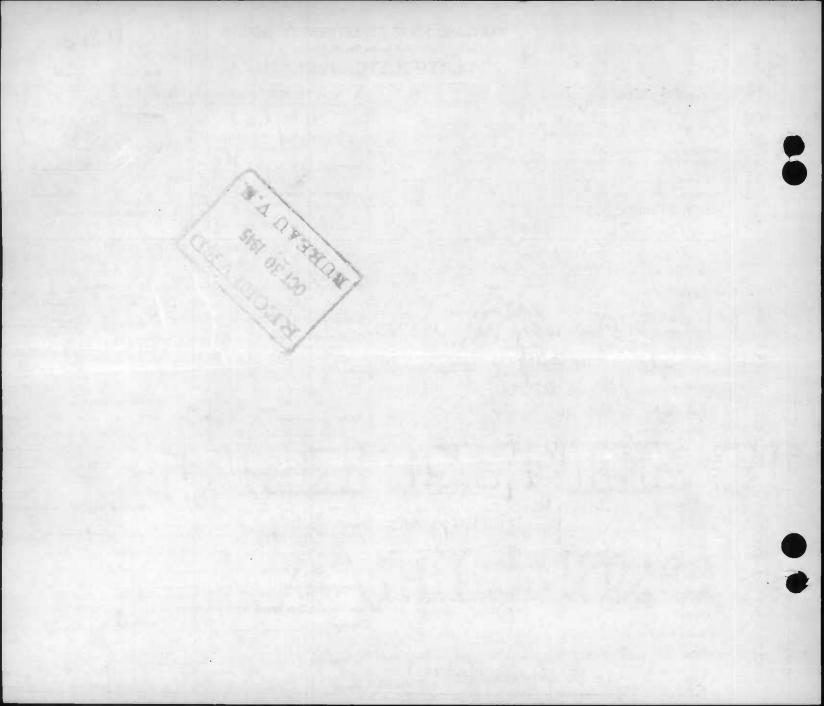
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

10303 Reg. Diat. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Minch Mengel	(For newborn infants give residence of mother)
City or town	State County County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	the grant to the distance of t
	Street No. 119 (If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
Ethel Helena Krter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famal White Widness	0. + 25 45 9:30A
Donata P.I +	20. DATE OF DEATH () CT 3 19 73 at 4:30 M
6.(b) Name of husband or wife This Office	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	6-2-45 19 10 10-25 19.95
7. Birth date of	and that I last saw h. Alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
1 0 9 010	Coronary Messous 3 halls
O ATmin.	
9. Birthplace Manyland	Oue to.
(Fovu, edinty, and state)	
10. Usual occupation.	Oue to
11. Industry or business	
# 12. Name Wm My Farvler	Other conditions
13. Birthplace England	Uther Conditions
ac of the state of	(Include pregnancy within 3 months of death)
# 14. Malden name Ashara L. Climinto	Major fiudings of operations
15. Birthplace Manyland	Date of op.
W/1.2 7.1114 W/1 150. 2000	
15, Informant	Autopsy results
Address Nexas Ica. Windrest	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Small Date thereof Qct. 29 1995	
17. (Burial, cremation, or ren(Grat Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory	Where did injury occur?
Location Krekville, Manyland	Injured at home, farm, Industry, public place (where?)
Orlando F Punchaland	Misens of Injury Injured at work?
1B. Funeral director.	0 0 00 00
Address 434 Ja. Un. Suhn Spring 11/10	John IV (Cum m. 20)
11- 24" NE POUR NOVER	23. SIGNATURE M. D. or other
19. Date rec'd by registrar) 19. 45 Janus Devely Registrar	Address Halleville Date signed 10.327- 85



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

10304

CERTIFICATE OF DEATH

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Reg. Dist. No. 23/

1. PLACE OF DEATH: County Pro Georges County City or town Cottage City Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Pro Geo County State County		
City or town	City or town Cottage City Md (If outside city or town limits, write RURAL and give nearest town) Street Mo. 3719 38th avenue		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Thomas H. Rollings	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH UCt 1, 1945 19 21 . 23A M		
6.(b) Name of husband or wife. Emily Rollings 6.(c) If alive, give age. 90 years	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from		
7. 8 irth date of deceased (mo., day, yr.) Feb 28, 1875	and that Past saw handlive on		
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death DURATION DURATION I day		
9. Birthplace. New York (Town, county, and state) 10. Usual occupation. Painter	Due to. Due to.		
11. Industry or business U. S. Government			
12. Name Samuel Kollings 13. Birthplace Unknown	Other conditions.		
14. Maiden name Sarah Brock 15. 8irthplace New York	(Include pregnancy within 3 months of death) Major findings of operations		
E 15. 8irthplace New York	Date of op.		
16, Informant Emily Kollings	Autopsy results		
Address Cottage City Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof Oct 4, 1945 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Arlington Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Arlington Virginia	Injured at home, farm, Industry, public place (where?)		
18. Funeral director F Gasch's Sons	Means of injury injured at work?		
Address Hyattsville Maryland.	23. SIGNATURE & Carlot & Chea M. D. or other		
19. (Date rec'd by registrar)	Address 4100-22 the Date signed Oct. 2,19		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. PRINCE GRAPHE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town & 5.0/ B. U.S. & M.A.M. S.T. MARYLAND BRK Md. (If outside city or town limits, write RURAL und give nearest town)	State			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No			
	(If rural, give LOCATION)			
How long in hospitat or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
EVELYN MARIE SMITH	(nov Brawer)			
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
F W Single	20. DATE OF DEATH October 30 1945 01 12:15PM			
S.(¿) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of	active 30 1945 10 act 30 1945			
7. Birth date of deceased (mo., day, yr.) / 1/2 2 3 4 1915	and that I last saw h La alive on 19			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 3 - 7 years			
30 3hrsmin.				
9. Birthplace Chicago TLL (Town, county, and state)	Due to.			
10. Usuat occupation				
11. Industry or business NATIONAL BENREAU STANDARD	Due to			
	Other conditions.			
12. Name Joba Suits 13. Birtholace New York				
14. Maiden name NCLLIE COONS 15. Birthplace PENNA.	(Include pregnancy within 8 months of death) Major findings of operations			
E 15. Birthplace PCNNA.	Date of op.			
41 - T3 - M 1/				
- 1 10 - 10 - 10 - 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address 6501 Buch ANAN ST. MARY LAND PURK ST.	22, VIOLENCE: If death was due to external causes, fill in the following;			
17 Buttal (Burial, cremation, or removal, Which?) Date thereof Mass. 2 1945 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. FORALST HOME.	Where did injury occur? (City or town) (County) (State)			
Chinana T/1	(City or town) (County) (State)			
	Means of Injury tnjured at work?			
18. Funeral director. FRANCIS S. COLLINS	B.			
Address 3821-14" N. W. WASS. D.C.	23. SIGNATURE William Chamin			
19. Oct. 30 19.45 Carrie F. Cambell	Address 6/14 4 central Ane Bate strend 1730/45			

Curity Hyte

10/30/45 Coroner Boyd notified & permission to. sign restificate given. RECEIVED NOV 12 1945 BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

ľ	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
	State Mary and county Soince Clouds
	State Mary and County County
l	City or town Hyatts ville
l	(If outside day or town limits, write RURAL and give nearest town)
l	Street No. 4014 Ingraham St.
ı	Street No. 100 1 Company Communication Commu

3. (b) Social Security Number

MEDICAL CERTIFICATION	
20. DATE DF DEATH ON 26 19.45	,at 1159
21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
and that I last saw h. Law alive on Oct 24	192
Immediate cause of death	URATIO

(Include pregnancy within 3 months of death)

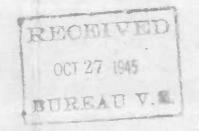
PHYSICIAN: Please underline the cause to which death should be charged statistically

Injured at work?

Evidence for the change of

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		121	
Reg.	Dist.	No. O	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State manyland county Prince Horse
City or town	a fee a silve
How long in above place of death?	(If outside city or A wn limits, write RURAL and give nearest town)
3702 400	Street No. 2 7 0 2 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Willaim 7 0 Son	rith name
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widowed	20. DATE OF DEATH 10/20 1945 at 5 0 M
6.(b) Name of husband or wife Mary a.	21. I CERTIFY that death occurred on the date above stated; that I attended degeased from
5.(c) If alive, give ageyears	10/10/1945 10/20/1943
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days! If less than one day	Immediate cause of death DURATION
82 9 3 17hrsnln.	
9. Birthplace Q C	Due to arteris believotic Hear
10. Usual occupation	& Kid my distant
A	Due to
11. Industry or business	
12. Name W = P + 13. Sirthplace England.	Dther conditions. V. V.
	(Include pregnancy within 3 months of death)
14. Maiden name Dany & Hookiel 15. Birthplace Q. C.	Major fiodings of operations.
man man and a land	
18. Informant	PHYStCIAN: Please coderline the cause to which death shootd be charged statistically.
Address 8 7 0 2 4 001 10 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director W. W. Chamber Ev.	Means of Injury Injured at work?
Address 3072 M- St. n. 4.	Man and A and a deal of the local
10/20 US Ware last laures	23. SIGNATURE. M. D. or other
(Date red d by registrar) Registrar	Address 27/71-3876 and male signed 10/20/41

VS A15





MARYLAND STATE DEPARTMENT OF HEALTH

7	0	2411 N. Charles St., Balt	imore (83-2)
	Y.	CERTIFICATE OF	DEATH

			5)	80	7,	
Reg.	Dist.	No.	4	¥*	3/3	

10398

* / * * * * * * * * * * * * * * * * * *	
1. PLACE OF DEATH: 803. 59th Aug Mr	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	State C. C. County mecklouburgh
(If outside city or town limits, write RURAL and give nearest town)	Con toaslotte
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. / 2/ - Brown S
	Street No
How long In hospital or institution?	(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hette Jennella &	Illivay
4. Sex 5. Color or race SX(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 1153
Jemal Cerl	20. DATE OF DEATH O T 1 19 65 21 P M
6.(6) Name of husband or wife Mone	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
e (a) If allow also and	July 16 19 X5 to Oct 12 18 X5
7. Birth date of deceased (mo., day, yr.) 7- 28-1876	and that I last saled
8. AGE: Years Months Days If less than one day	Immediate cause of death
69 2 15	Core bra Jummonly
8. Birthplace Laurens & C.	Oue fa
(Town, county, and state)	January San San 3
10. 05021 0ccup2(100	Oue to.
11. Industry or business	
12. Name	Other conditions
K Hack	(Include pregnancy within 3 months of death)
14. Maiden name	Major fludings of operations
15. Birtholace Unlerown	Date of op
16. Informant awella 2. Daniels	Antopsy results
Address 803- 59 w and ya.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Ogio fhereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory humalus Memarus Comic	Where did injury occur?
Location Scutland, MA.	Injured at home, farm, Industry, public place (where?)
For in Land House	Means of Injury Injured af work?
18. Funeral director Thursday Julius	
Address 387 P. Clive Lie.	23. SIGNATURE Sold Sold Sold Sold Sold Sold Sold Sold
(Date rec'd by registrar)	M. D. of other Addrect 423 4 P Digital ligand 10-13-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	h.		
70		0	P

Reg. Dist. No.

1. PLACE OF DEATH: Trime George County City or town. A central Mod. (If outside city or town limits, write RURAL and give nearest town) How long in above place of doath? Hospital, Institution or stroct address where death occurred: 2. 8 - A Cullent Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tofants give residence of mother) State County City or town (If yor town with the county of the cou	
How long in hospital or institution?	. 2.(a) If vetoran, namo war	
3.(a) FULL NAME VALENTINE V. TCHIKOF,	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced married.	MEDICAL CERTIFICATION October 7, 19 45, 21	30p
B.(b) Name of husband or wife. Mary Tunikoff 5.(c) If allve, give ago 55 year 7. Birth date of deceased (mo day vr.) October 30, 1883	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 27, 19.45, to 10.50 cer 6, and that I last saw h. 2144, alive on 0.40 cer 6,	
8. AGE: Years Months Days If less than one day	anologitalis costanionas	PRATION HOW TO
9. Birthplace VLADIKAVKA'S RUSIA (Town, county, and state) 10. Usual occupation Givil engineer	Duo to The not known	<u>Z</u>
11. Industry or business 7 own of freenbelt 12. Name Busil This Koff 13. Birthplace Russ'a	-	yeen
14. Malden name Once Schushpanova 15. Birthplace Russia	Major findings of operations. Date of op.	
18. Informant Wrs. Mary Tonkoff, Wife Address ZS-A Crescent God, Green Well, Maj	Antopsy results	lly.
17. Le Company (Burlal, cremation, or removal, Which?) Cemetery or crematory Fast Lincoln	22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Wash-Balto Blod: + D. l. Fine 18. Funeral director Wm. J. Valley	Injured at homo, farm, industry, public place (where?) Means of Injury Injured at work?	4
Address 200-07. J. ave mil Ramus ad. 19. Opt 9 1945 Augus Severy Registrar	23. SIGNATURE. Then Worder, M.D. or other Address 30-10 Pride Bol Belleville Bate signed 10-	7-4.

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OCT 12 1945

BUREAU V.S

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

10310

CERTIFICATE OF DEATH

	- 4	110
	Z.	7.1
No	-	

1. PLACE OF DEATH: County Prince Georges			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town		•	State Md. county Prince Georges Otty or town Mt.Ranier (17 outside city or town limits, write RURAL and give nearest town) Street No. 2800 Upshur St.			
How long in hospital of	or Institution?			(If rural, giva LOCATION) 2.(a) if veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number		
	Bess	ie F.	Thiele			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	140	
Female	White	Man	cried	20. DATE OF DEATH 6 4 1/1 1945 at 4120	2	
	or wife. Haro			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			e) If alive, give ageyears	and that I last saw halive on	41-	
deceased (mo., day, 8. AGE: Year		Days	398 tfless than one day	Immediate cause of death Career and DURA	TION	
47		•	min.	metation to Clost & Spind Colom 2 1/2	ye	
9. BirthplacePE	rinsylvam	county, and	itate)	Due to.		
10. Usuat occupation.	Examine	r				
	U.S.Go			Due to	*********	
				Dither conditions		
12. NameEV	unkown			Build Conditions		
H 14. Malden name.	Edith B	roken:	shire	(Include pregnancy within 3 months of death) Major findings of operations.	· · · · · · · · · · · · · · · · · · ·	
15. Birthplace	Unkown			January Date of on 9:22.4	3	
18. Intermant Ha	rold J.T	hiele		Autopsy results.		
Address 280	00 Upshur	St.M	t.Ranier	PHYSICIAN: Please underline the canse to which death should be charged statistically.		
17. Buri	al	Date there	ot Oct. I5 I945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
			em.	Where did injury occur? (City or town) (County) (State)		
	Md.			Injured at home, farm, industry, public place (where?)		
LUCETION	1 aum	800	1 2 222 1	Means of Injury Injured at work?		
18. Funeral director.	44	et 1	n 6 _	1. 0		
. /	- 1m	D	, 0	23. SIGNATURE (LABOLITATION 2010). M. D. or other		
19. /0//	1945	umo	inda Dacinez	M. D. or other	41	

PERSONAL PROPERTY AND PERSONAL PROPERTY AND

OCT 15 1945
BURRAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/-0 CERTIFICATE OF DEATH

10311 Reg. Diat. No. 2 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence of mathem)
County Manual Carlos	State Manufact County Price Georges
City or town (If outside city or town limits, write RURAL and give nearest town)	Topolis !!
Lan sauf tu anage himse at mentitions and an analysis and a second a second and a second a second and a second a second and a second and a second and a second a second a second a second and a second a second and a second a second a second	(If outside city ar town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 8110 Marlboro Pike 15
How long In haspitat or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
William Mason Th	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. Q C 2 2 19 45 9 4 AN
6.(6) Namo of husband or wife Mary Jeffett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
60	1935, 10 6 - 7 22 19 41
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
71 8 14hrsmin.	grule Congoline
6	The factor
9. Birthplace (Town, county, and state)	Due to Clarifo Transcription
10. Usual occupation. Jakoul	
11. Industry or business	Due to
12. Name VILLON Dept.	Other conditions
13. Birtholace	
# 14. Maiden name mangalet	(Include pregnancy within 8 months of death)
14. Maiden name 12. 15. Birthplace 22. 15. Birthplace	Major findings of operations.
5. 0. 1. 1.	
16. Informant Mile Carrier Control of Contro	Autopsy results
Address (3) - 6/ Marcy Spaulding HS W	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, ar remayal, Which?) (Burial, cremation, ar remayal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ath Calvery	Where did injury occur?
Forestrille Ald.	(City ar town) (County) (State) Injured at home, farm, Industry, public place (where?)
Gilahie Chathers	Means of injury Injured at work?
18. Funeral director.	
Address Lepper Mariforo Ind	23. SIGNAYURE
19. Clet B3rd 1940 Thos D Juffills	M. D. or other
(Hata ran'd by mariatray)	The contract that the state of

INTEREST OF STATISTICS

ASSESSED FOR PROPERTY AND

Berling Britania (B. 12) April

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BUREATHER

MARYLAND STATE DEPARTMENT OF HEALTH

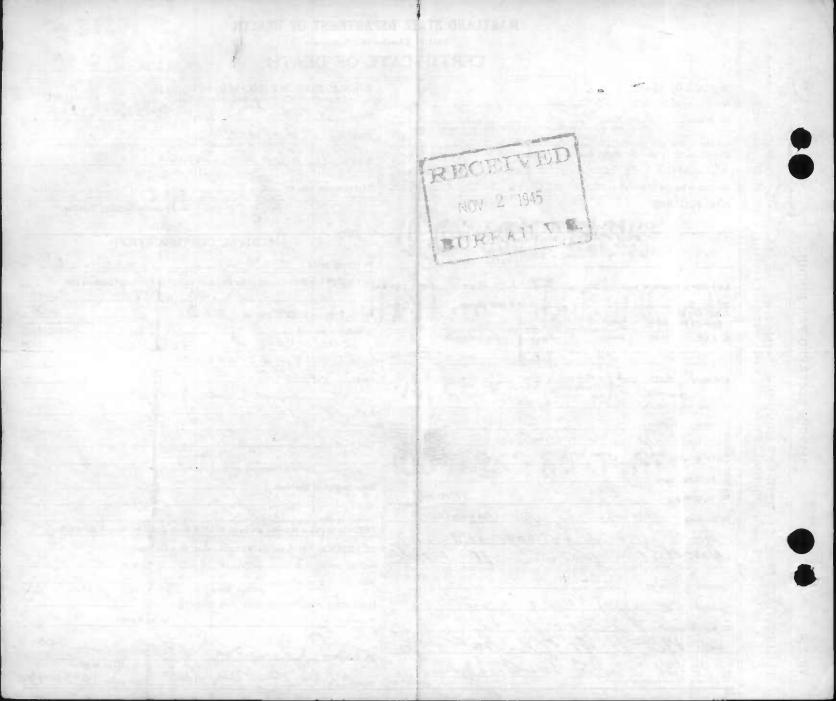
2411 N. Charles St., Baltimore

10312

Reg. Dist. No. 23/

			and the same of th
CERTIF	ICATE	OF	DEATH

1. PLACE OF DEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md County Prince Goinge
City or town (If outside city or fown limits, write RURAL and give nearest town)	217/2
How long in above place of death? 25-days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 11 Glen ST. Dutland
Ornice George's General Harpital	(If rural, give LOCATION)
Hew long in hospital or institution? 25-day	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Van Aradale Mr. Ernest	
4. Sex 5. Color or race? 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married.	20. DATE OF DEATH. 10 - 31 19 45 , 21 6 2 M
6. (6) Name of hosband or wife Vau Quedale Mus, Jennie	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth date of	and that I last saw h alive on bet 3/1 1945
deceased (mo., day, yr.) (lct, 1, 1880	Immediate cause of death
8. AGE: Years Months Days It less than one day	auto Congestino Keert Lactice.
65 34 30min.	activa - carlis Benal - alman
9. Birthptace michigan	Queto Dishetes -
(lown, county, and state)	Disbile Gorgrene.
10. Usual occupation. Tine inapector.	Due to.
t1. Industry or business	V
12. Name John Van anadale 13. Birthplace Ozceola Co. Zall. Mich	Other conditions
13. Birthplace Vaceola Co 2/all. Mich	
14. Maiden name Many Fisher 15. Birthplace Mich	(Include pregnancy within 3 months of death)
15. Birthplace Mich	Major findings of operations.
	Date of op
16. Informant Norman 2. Van Gnzdale.	Autopsy results
Address 11 Glen 2h Julland Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Sovell Michigaryrise 11 1 1945	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal. O hich?) Dale thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Atowelles Muchingson	Injured at home, farm, industry, public place (where?)
18. Funeral director School	Means of Injury Injured at work?
Address 4757 4- A+ My. Maha) 26	Ol vi Conion M.D.
10/31 145 amandard burns	23. SIGNATURE (A. D. or other
(Date see'd by registrar) Registrar	Address Print Sko Ton Horp Date signed 10-31-44
	Cherry



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Ch	arles St., Baltimore (85	
CERTIFICA	ATE OF DEATH Reg. Dist. No.	243
1. PLACE OF DEATH: County France Serve o Co. City or town Mille (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2.7 yo Hospital, institution, or street address where death occurred:	City or town M. Tollelle Clumbing write RURAL and gi	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Walter 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH October 20 19.9	15 9:457
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended	d deceased from
8. AGE: Years Months Days If less than one day 27 10 26	in. Due to.	22 gr
(Town, county, and state) 1D. Usual occupation	Due to	
11. Industry or business 12. Name Colv-S- Worker 13. Birthplace Weekington DC	Diher conditions Densy	10 ym.
14. Malden name Que Didella Harware 15. Birthplace Q.Q. Co. Wd	(Iuclude pregnancy within 8 months of death) Major findings of operations.	
16. Informant W. Descuord Walker	Autopsy results	arged statistically.
Address 17. Burial, cremation, or removal. Which?) Date thereof. Ch. 2. 2. 194 (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or omicide	
Location Woodshaway 2000	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work	(State)
Address Bladensburg med	23. SIGNATURE James & Surs	d, D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registr	ar Address Jeffer Marlfor Date st	gned 10 - 2014

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 245

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County Prince & Servers	State an ninglumner Coun	71.01
(Ikoutside city or town limits, write RUCAL and give nearest town)		
How long in above place of death? 22 2	City or town (if outside city or town limits,	
Hospital, institution, or street address where death occurred:	Street No. 4/2 Craw to	
4030 Sheet	(If rural, give)	V
How long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Wr Roy hestic Wer	+3.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CE	RTIFICATION
male white married.	20. DATE OF DEATH DCY- 16	1945 at 6 a M
6.(6) Name of husband or wife Dinnie Mar Sickles (15 wife)	21. I CERTIFY that death occurred on the date abov	e stated; that I attended deceased from
Proces and ann waters were to the alive, give age 6 3. years	0Cl G 19.5	3 , to 19 43
7. Birth date of	and that I last saw halive on	19.5
deceased (mo., day, yr.) Y a	Immediate cause of death	DURATION
73. 3 10 hrs. min.	The himself	rhoge with 12 days
31.40	Munistensido	1290
9. Birthplace Williams Sura, Dair Co. Lenna.	Due to	
10. Usual occupation Machinist (reduced)	General artico	seleron 12 yr
11. Industry or business Pa Railroad in Woona Pa.	Due to	
	Other conditions Prostate Mc	portropply 5 yrs
12. Name Jacole B Wart 13. Birthplace Volli danslura Blair Co Pa.		
	(include pregnancy within 3 m	ontha of death)
14. Maiden name Sural Wagner. 15. Birthplace Spruse Creek BlairCo, Pa.	Major findings of operations	
3 15. Birthplace Spruse Creek Nairlo, Va.		Date ot op
16, Informant D.	Autopsy results	ich death should he charged statistically.
Address 4030 Damilton St. Synthesile Md.	22. VIOLENCE: If death was due to external caus	
17. (Burial, cremation, or geneval. Which?) (Burial, cremation, or geneval. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Grand View	Where did injury occur?(City or town)	
Location July one Cerma	injured at home, tarm, industry, public place (wh	
18. Funeral director Dev. W. Marl Co.	Means of Injury	injured at work?
Address 2900 m St nw. Washington N. C	111 m	relia not
The state of the s	23. SIGNATURE	M, D. or other
18. Oct 19 19 45 Ceurs Devery (Data roa/d by roa/strar) (Registrar)	Address & werball	Mal Date signed 10-16-45

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OCT 17 1945
BUREAU V.B.

PLEASE

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	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as	
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date of birth is shown on Film G 99 11-14-45

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Crus ce Georges	m. 1.) Price Com
City or town	City or town (If outside city or town limits, write RURAL and give nearest town) A 0 42 - 34 5 + . (Street No. 40 42 - 34 CATION)
(if outside city or town limits, write RURAL and give nearest town) How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hoppital, Institution, or street address where death occurred:	(Street No. 4042 - 34 13 5+.
Vruce georges general Hospin	(If rural, give LOCATION)
Now tong in hospital or institution? 3	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs annie Laurie Wilson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White marries	20. DATE DE DEATH OCH 20 19.45 at 7:34 M
6.(6) Name of husband or wife Larvie Edgar Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw halive on
1. Birth date of deceased (mo., day, yr.) Dec. 20-18801887	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	acute Congestine
57 10 0hrsmin.	heart failure
8. Birthplace	Due to my oral doce
10. Usual occupation	Due to
11. Industry or business Own home	
12. Name Williamy Brown	Other conditions
I 13. Birthplace Virginia	
E	(Include pregnancy within 3 mouths of death)
14. Maiden name	Major findings of operations.
≥ 15. Birthptace	Date of op.
18. Informant Mr. Harvie B. Wilson	Autopsy results.
Address 4042 - 34th St. Mt. Raisier Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Get 26-1945	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burlal, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Washington munical Park	Where did injury occur?
1 10 10 1	Injured at home, farm, industry, public place (where?)
Location of 1995 ford md. Orince George Com	
18. Funeral director Word . Malless	
Address 2200 - & I. ave . At Rainies md.	Deputy nedical gamina
	23. SIGNATURE N. D. os-other
19. Och 25 1945 James Severy	1 - 2 - 2 - 2 - 2 - 2 - 2 C

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DURATION

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	2411 N. Charles St.,		7.
	CERTIFICATE	OF DEATH	Reg. Dist. No.
County City or town. City or town limits, write RURAL and How long in above place of death? Hospital, institution, or street address where death occurred:	give nearest town) State City Street	or town	County
3. (a) FULL NAME	o Urunia	//	3. (b) Social Security Nu
4. Sex 5. Color or race 6.(a) Single, married, w Female Whith Wide	dowed, or divorced	MEDICAL MEDICAL Color	CERTIFICATION
6.(b) Name of husband or wife. Contact of S.(c) If alive, gi	ve ageyears	CERTIFY that death occurred on the date	above stated; that I attended deceased
deceased (mo., day, yr.)	1866	ediate cause of death 71	Growlows
9. Birthplace Marlba (Town, county, and state) 19. Usual occupation Market Marlba	Due Due	a arlenson	a Teresia .
11. Industry or business 12. Name	iclacky Othe	conditions now	
13. Birthplace True Clary 14. Maiden napassance Clary 15. Birthplace True 21 (Bears)	Z Lomes	(Include pregnancy within	n 8 months of death)
16. Informant Machael Wyb		ppsy results	Date of op
Address 17. Date thereof	0 17 45 acceptable (day) (year)	VIOLENCE If death was due to external dent, suicide, or homicide.	causes, fill in the following;
Cometery or cramatory of the family Consultation of the consultati	11/	re did injury occur?(City or tow ed at home, farm, industry, public place	
18. Funeral director Markons (Ind/	ns of Injury	Injured at work?
19. Oths 19 45 (Bus)	Rogistrar Addi	SIGNATURE FOR Mark	baro Date signed M.

MARGIN RESERVED FOR BINDING

VS A15

BUREAUVE

RECEIVE

OCT 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-4

CEDTIFICATE OF DEATH

	11	1312,10	
Reg.	Dist.	No. 240	

			CERTIFICA	IE OF DEATH	Reg. Diat. No	~ 70
1. PLACE OF DEATH: Prince George			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:		
			State Maryland	state Maryland county Prince George		
(If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death? 3 Years		City or town University I				
Hospital, Institution, or street address where death occurred:				Street No. 4327 Van Buren St.		
How long in bosnital	or Institution?	•••••••••	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAM				2.(b) It reteran, name war		
D. (a) 1 0 1111					3. (b) Social Security 1	
4. Sex	5. Color or race	A DOTPH	JOSEPH Y led, widowed, or divorced	ANKA	578 - 07	- 7844
					CERTIFICATION	
Male	White	Mai	ried	20. DATE DE DEATH. Lock.	19.4.	at . / D. 4. F
6.(b) Name of husban	d or wife	cilia M.	Yanka	21. I CERTIFY that death occurred on the date a		
			ve, give age45years	8 . 27		
7. Birth date of deceased (mo., day		6 18	394	and that I last saw halive on	7	2619.41
8. AGE: Yea			ess than one day	Immediate cause of death		DURATION
51			hrs min.	Course any bees		lam
		City ounty, and state)		Due to 14 per 1	artorosaldratic	
	_		3	Due to	***************************************	•
			col Equipmen	<u> </u>		1
12. Name				Other conditions	***************************************	***************************************
		witzland	i	(Incipde pregnancy within I		
14. Malden name	Marie	Traffi	ır			
15. Birthplace	Sv	witzland	ī	Major findings of operations		
			ca			
				PHYS!CIAN: Please underline the cause to		
	7 Van Bure			22. VfOLENCE: It death was due to external co	auses, till in the tollowing:	
17. Buriel cremetic	rial	Date thereofC	oct 4 1945.	Accident, suicide, or homicide		
			cemetery			
Location Bla	adensburg	Md. At	b.C. Line	injured at home, tarm, industry, public place (where?)	
	1 4.14		Lees Dons	Means of Injury	Injured at work?	
Address 300	- 4th, St	t. N.E.	Washington,	D.C. 23. SIGNATURE LUBAN	Logran Le	7 D.
(Date rec'd by r	egistrar) 1941	Jams	Registrar	1 10	2 Level Date signed.	10.2.45

HEAVINED AND AND SALES OF THE PARTY OF THE P

PRINCIPAL CONTRACTOR

Miles . Dale and .

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